San Diego County HIV/AIDS Housing Plan Update 2004

Department of Housing and Community Development

Building Better Neighborhoods

November 2004

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Executive Summary

This section summarizes the *San Diego County HIV/AIDS Housing Plan Update 2004*, including an overview of the process, key findings, and recommendations.

If you would like to receive a copy of the plan update, please contact the County of San Diego, Department of Housing and Community Development at (858) 694-8712.

The County of San Diego, Department of Housing and Community Development (HCD), is the grantee and coordinator of the Housing Opportunities for Persons with AIDS (HOPWA) program, a program of the U.S. Department of Housing and Urban Development (HUD). HUD established the HOPWA program to address the specific housing-related needs of people living with HIV/AIDS and their families. HOPWA funding provides housing assistance and related support services as part of HUD's Consolidated Planning initiative, with a priority on permanent supportive housing. HUD encourages HOPWA grantees to develop community-wide strategies and form partnerships with area nonprofit organizations. By regulation, HOPWA funding is distributed to the largest city within an eligible metropolitan statistical area (EMSA), which is the City of San Diego. However, the City of San Diego and County of San Diego contractually agreed that HCD would be the program administrator. HCD received approximately $2.683 million in 2004 to provide housing and related services for people living with HIV/AIDS in San Diego County.

In 2004, HCD and the Joint City-County HIV Housing Committee, made up of nonprofit agencies, people living with HIV/AIDS and government representatives, determined that the 1999 *San Diego Countywide Strategic HIV/AIDS Housing Plan* needed updating as better information was needed about the housing needs of people living with HIV/AIDS in San Diego County.[i] As the local grantee for the HOPWA program, HCD launched a community-based needs assessment and planning process to develop a countywide HIV/AIDS housing strategy. Funding from both HUD's National HOPWA Technical Assistance Program and HCD supported the needs assessment and planning process.

The *San Diego County HIV/AIDS Housing Plan Update 2004* needs assessment and planning process was overseen by a diverse Steering Committee that included but was not limited to people living with HIV/AIDS. The Steering Committee provided oversight and guidance for the process, reviewed key findings, and developed recommendations to address HIV/AIDS housing issues in San Diego County. The process also included 24 meetings with key stakeholders, attended by 35 providers, and 4 focus group meetings, attended by 45 people living with HIV/AIDS in the county. In addition, survey results from the *2004 HIV/AIDS Needs Assessment*, conducted by San Diego County, Office of AIDS Coordination (OAC), were utilized and summarized in the plan.

[i] The Executive Summary of the 1999 *San Diego Countywide Strategic HIV/AIDS Housing Plan* can be found in ***Appendix 3.***

Plan Findings

The *San Diego County HIV/AIDS Housing Plan Update 2004* needs assessment and planning process included a review of current and relevant data on HIV/AIDS, income and poverty, housing, homelessness, and HIV/AIDS-dedicated resources. Key findings from this research include:

- As of December 31, 2003, there had been 12,034 AIDS cases reported since 1981 in San Diego County, and 4,155 HIV cases reported since 2002, the year statewide HIV reporting began in California.
- 5,454 people were living with HIV/AIDS and an additional 4,102 were living with HIV in San Diego County at the end of 2003.
- In recent years, HIV/AIDS has disproportionately impacted African Americans/Blacks and Hispanics/Latinos. In addition, more cases have been reported among women and people diagnosed outside of central San Diego.[ii]
- Approximately 60 percent of people living with HIV/AIDS earned less than $2,000 per month, according to the *2004 HIV/AIDS Needs Assessment*.[iii]
- A person earning only Supplemental Security Income ($790 per month in California) could afford to pay only $237 per month in housing costs (30 percent of income). Meanwhile, average rents in San Diego County were $1,197 per month.[iv]
- While federal HOPWA funding to San Diego County had increased from $2.168 million for 1999 to $2.683 million for 2004, the number of people living with AIDS (not including HIV) had increased from 4,219 to 5,579. On a per capita basis, after adjusting for inflation, funding had decreased from $557 in HOPWA funding per person living with AIDS in 1999 to $480 per person in 2004.[v]
- The inventory of housing units and resources available for emergency, short-term, and long-term rental assistance could serve approximately 779-783 people living with HIV/AIDS. These programs include emergency, transitional, permanent independent, permanent supportive, and Residential Care Facilities for the Chronically Ill (RCF-CI).

Consumer Preferences and Priorities

Focus group participants were asked for their suggestions for improving existing housing programs and for their preferences and priorities for new housing programs. Preferences and priorities included:

- More HIV/AIDS housing programs are needed, including rental assistance and HIV/AIDS housing facilities.
- Many of the participants said they preferred to have long-term rental assistance, such as Section 8 or the HOPWA-funded Tenant-Based Rental Assistance (TBRA) program. Others felt that the

[ii] County of San Diego, Health and Human Services Agency, *HIV/AIDS Epidemiology Report*, 2004.
[iii] San Diego County Office of AIDS Coordination, *Final Results: 2004 HIV/AIDS Needs Assessment*, July 10, 2004.
[iv] NBC San Diego, "SoCal Rents are Highest in West," nbcsandiego.com, July 26, 2004. Available online: www.nbcsandiego.com/houseandhome/3577775/detail.html (Accessed: August 13, 2004).
[v] U.S. Department of Housing and Urban Development, Community Planning and Development, September 2004. Available online: www.hud.gov/offices/cpd/aidshousing/reporting/execsummary/ca/sandiego.cfm (Accessed: September 29, 2004); County of San Diego, Health and Human Services Agency, *HIV/AIDS Epidemiology Report*, 2004; *Inflation Calculator.* Available online: www.westegg.com/inflation/ (Accessed: November 1, 2004).

Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I-funded Partial Assisted Rent Subsidy Program (PARS) is of great importance due to its ability to help many people.

- Many participants expressed a need for rent control.
- Most participants were not interested in living in an HIV/AIDS-dedicated facility. However, some participants felt these programs were supportive environments.
- Participants also indicated that the location of housing is important to them. Factors included living near gay-friendly neighborhoods and proximity to services, medical care, and transportation.
- Participants also stated a desire for new programs or the expansion of existing programs, including: homeowner programs; emergency housing assistance for rent and utilities; housing for people with multiple diagnoses; and housing for people leaving incarceration.

Key Stakeholder Priorities

Key stakeholders were asked in each meeting to identify gaps in the HIV/AIDS housing continuum. Priorities included:

- Key stakeholders noted that San Diego has a true HIV/AIDS housing continuum, yet there are simply not enough of these resources, and many people living with HIV/AIDS are unable to get the housing assistance they need.
- Many key stakeholders cited the importance of adding additional permanent independent housing units to the existing housing stock.
- Key stakeholders also advocated for continued support and increased access to housing assistance programs such as the HOPWA-funded TBRA program, Section 8 Housing Choice Vouchers, and the Ryan White-funded PARS program.
- Key stakeholders indicated that increased access to supportive housing programs was necessary as well, as many people living with HIV/AIDS are unable to live independently due to behavioral and/or physical health issues.
- Key stakeholders stressed the importance of the location of housing. Factors included safe neighborhoods, proximity to services and transportation, and housing quality.

Plan Recommendations

The Steering Committee for the San Diego County HIV/AIDS housing needs assessment developed recommendations to address the issues identified by people living with HIV/AIDS and by key stakeholders.

The recommendations developed by the committee will assist HCD in their decision-making regarding the Housing Opportunities for Persons with AIDS (HOPWA) program. The recommendations will also assist AIDS housing stakeholders and funders to meet the increasing need for housing assistance identified by the *2004 HIV/AIDS Needs Assessment*, conducted by San Diego County, Office of AIDS Coordination (OAC) for the Ryan White program, and by this HIV/AIDS housing plan update.

The recommendations are organized into two categories:

- HOPWA-related recommendations to HCD
- Non-HOPWA-related recommendations

HOPWA-Related Recommendations to HCD

The Steering Committee recommends that HCD continue to fund existing HOPWA activities to ensure ongoing provision of these services to people living with HIV/AIDS in San Diego County. Additionally, the Steering Committee recommends that HCD consider facilitating further prioritization of existing HOPWA-funded activities if HOPWA funding levels decrease in the future.

The Steering Committee recommends that HCD monitor and evaluate existing HOPWA-funded providers by:

- Requiring HOPWA-funded providers to prepare and distribute an annual report summarizing outcomes of HOPWA-funded programs.
- Using existing data to project the need for each type of housing assistance (including emergency, short-term rental assistance, transitional housing, permanent independent and supportive housing for the dually diagnosed, and Residential Care Facilities for the Chronically Ill facilities) currently funded in the region.

The Steering Committee recommends that HCD increase access by people living with HIV/AIDS to HIV/AIDS-dedicated housing and non-HIV/AIDS-dedicated housing by:

- Coordinating regular facilitated discussions with HOPWA-funded providers, people living with HIV/AIDS, and non-HIV/AIDS-dedicated housing and services providers to ensure that providers and consumers have current information about all available housing and services programs and to address barriers to accessing units set aside for people living with HIV/AIDS.
- Broadening existing information and referral services, which include annual updates to a resources guide and listings of available apartments, to encompass information sharing on HCD and OAC web sites.

The Steering Committee recommends that HCD explore opportunities to expand the long-term HOPWA Tenant-Based Rental Assistance (TBRA) program.

The Steering Committee recommends that HCD seek additional opportunities to add affordable housing resources, particularly permanent independent, permanent supportive, and Residential Care Facilities for the Chronically Ill facilities, to the local continuum by:

- Partnering with other organizations such as the San Diego Housing Federation and/or the Corporation for Supportive Housing to host a series of discussions with developers, providers, consumers, business leaders, and other stakeholders to market and identify potential uses of funds currently available for permanent housing development and to identify potential incentives to create set-aside units for people living with HIV/AIDS.
- Considering non-development options, such as set-asides, master leasing, and lease buy-downs.
- Ensuring that new affordable housing options are located in safe neighborhoods near public transportation, support services, and medical care.

The Steering Committee recommends that HCD explore the feasibility of developing a roommate or shared housing program for people living with HIV/AIDS to help compensate for the rising housing costs in San Diego County.

The Steering Committee recommends that HCD pursue the development of a "shallow rent subsidy" program if HUD regulations are changed in the future to allow this type of program.

Non-HOPWA-Related Recommendations

The Steering Committee recommends that HCD increase awareness of housing authority preferences for people with disabilities in housing assistance programs.

The Steering Committee recommends that HCD disseminate the findings and recommendations of this HIV/AIDS housing plan update to agencies coordinating other relevant local housing and services plans and reports.

Introduction

The County of San Diego, Department of Housing and Community Development (HCD) contracted with AIDS Housing of Washington (AHW) to facilitate an HIV/AIDS housing needs assessment and planning process for San Diego County. A Steering Committee guided the process between June and November 2004.

The needs assessment process included: focus groups with people living with HIV/AIDS, interviews with key housing and service stakeholders, and a review of relevant planning and epidemiological data. The Steering Committee interpreted findings and developed recommendations.

The *San Diego County HIV/AIDS Housing Plan Update 2004* reflects the work of a wide range of community stakeholders committed to improving housing and related services for individuals living with HIV/AIDS and their families in San Diego County. Housing and services providers, people living with HIV/AIDS, and others from across the county participated in the needs assessment process and provided input and feedback on the plan document.

Background

The County of San Diego, Department of Housing and Community Development (HCD), is the grantee and coordinator of the Housing Opportunities for Persons with AIDS (HOPWA) program, a program of the U.S. Department of Housing and Urban Development (HUD). HUD established the HOPWA program to address the specific housing-related needs of people living with HIV/AIDS and their families. HOPWA funding provides housing assistance and related support services as part of HUD's Consolidated Planning initiative, with a priority on permanent supportive housing. HUD encourages HOPWA grantees to develop community-wide strategies and form partnerships with area nonprofit organizations. HCD received approximately $2.683 million in 2004 to provide housing and related services for people living with HIV/AIDS in San Diego County. In 2004, HCD and the Joint City-County HIV Housing Committee, made up of nonprofit agencies, people living with HIV/AIDS and government representatives, determined that the 1999 *San Diego Countywide Strategic HIV/AIDS Housing Plan* needed updating as better information was needed about the housing needs of people living with HIV/AIDS in San Diego County.[1]

HCD contracted with AIDS Housing of Washington (AHW) to facilitate the needs assessment process. AHW has developed more than 140 units of housing for people living with HIV/AIDS in Seattle-King County since its founding in 1988. AHW also provides information, planning assistance, consultations, and training in communities nationwide, and has worked in more than thirty regions to develop comprehensive HIV/AIDS housing plans. AHW's goal is to help stabilize the lives of individuals and families through improving access to affordable housing and appropriate support services.

The planning process began in June 2004 with the first of four Steering Committee meetings. The Steering Committee included members of the Joint City-County HIV/AIDS Housing Committee as

[1] The Executive Summary of the 1999 *San Diego Countywide Strategic HIV/AIDS Housing Plan* can be found in ***Appendix 3.***

well as people living with HIV/AIDS and representatives from organizations across San Diego County that provide housing and services to a broader population. AHW also facilitated the planning process in 1999 that produced the original *San Diego Countywide Strategic HIV/AIDS Housing Plan.*

Community-Based Needs Assessment and Planning Process

The community-based planning process included a number of key components, which are outlined here.

Steering Committee: A Steering Committee was formed in June 2004 to oversee and guide the needs assessment and planning process. The committee was comprised of representatives from community-based organizations that provide housing and services to low-income people, including those living with HIV/AIDS, mental illness, and substance use issues, and those who are homeless. Members of the Steering Committee reviewed background information and other written data related to HIV/AIDS, housing affordability, homelessness, and dedicated resources; identified critical issues; developed recommendations; and approved the final plan. Steering Committee members are listed with their affiliations at the beginning of the plan.[2] Minutes from each Steering Committee meeting can be found in ***Appendix 1.***

Key stakeholder meetings: Twenty-four stakeholder meetings were held with 35 people identified by Steering Committee members and other involved stakeholders. Group and individual meetings were held with case managers, housing and service providers, housing developers, government representatives, and other concerned community members, including members of the Steering Committee.[3] Issues identified by key stakeholders were summarized by AHW and are presented in a chapter of the plan.

Focus groups: People living with HIV/AIDS participated in four housing focus groups. The groups provided qualitative and broad-ranging information about participants' housing situations and histories. A total of 45 people living with HIV/AIDS participated in the focus groups, which were facilitated by AHW staff. Focus group summaries appear in ***Appendix 2***.

Document review and summary: Data related to HIV/AIDS epidemiology, population demographics, income and housing affordability, homelessness and related issues, and dedicated HIV/AIDS housing resources were reviewed and summarized in the plan by AHW staff. In addition, survey results from the *2004 HIV/AIDS Needs Assessment*, conducted by San Diego County, Office of AIDS Coordination (OAC), were utilized and summarized in the plan.

San Diego County HIV/AIDS Housing Plan Update 2004

This plan provides a framework for addressing the housing needs of people living with HIV/AIDS. It represents the efforts of a broad cross section of concerned citizens committed to improving housing stability for people living with HIV/AIDS and their families throughout San Diego County.

[2] Please see the comprehensive list of Steering Committee members and agency affiliations at the front of this plan.
[3] Please see the comprehensive list of key stakeholders and agency affiliations at the front of this plan.

Given the dynamic nature of HIV and AIDS and other factors that affect housing and service planning, it is essential to regularly reassess the needs of people living with HIV/AIDS and the most appropriate strategies to meet those needs. It is intended that this plan be built upon, revised, and expanded as current objectives are met and new gaps and needs emerge.

National Context of HIV/AIDS Housing

This section provides a context for HIV/AIDS housing issues by detailing national trends related to HIV/AIDS epidemiology, income and poverty, housing affordability and resources, and HIV/AIDS housing resources.

Over the last twenty years, the field of HIV/AIDS housing has developed as part of a larger community safety net serving a growing and diverse number of individuals living with HIV/AIDS. AIDS is a disease that can deprive individuals of their ability to work, eligibility for private health insurance, access to stable housing, and connections to support networks at a time when they may need it most. Many people living with HIV/AIDS are forced to choose between healthcare and housing.

People living with HIV/AIDS face a range of housing and housing-related service concerns. Some may need one-time or periodic assistance paying their rent or mortgage, while others may require a supportive housing environment where services are available onsite. These may include services that enable residents to consistently take their medication, remain sober, and learn necessary life skills. **The focus of AIDS housing providers has shifted from helping people at the end of their lives to helping them transition to living with HIV/AIDS.**

The fluctuating nature of the disease suggests that some level of support, such as coordination of services and access to community-based medical care, is a necessary component of all types and models of residential programs. Stable housing promotes improved health status, adherence to complex medication regimes, and for some, a return to work and social activities. For people living with HIV/AIDS, **stable housing leads to improved health conditions.**

HIV/AIDS in the National Context

More people are now living with HIV and AIDS in the United States than ever before. **The Centers for Disease Control and Prevention (CDC) estimates that between 800,000 and 900,000 individuals are living with HIV, the virus that causes AIDS, and that another 40,000 become infected every year.**[4] One fourth of HIV-positive people in this country do not know their HIV status.[5]

Figure 1, on the next page, shows the number of people living with AIDS, new HIV cases diagnosed, and the number of deaths from AIDS in the United States over a six-year period. New HIV infections and AIDS death rates have remained steady over recent years. However, the number of people living with AIDS continues to climb as medical advances continue to slow progression of the disease and help individuals live longer.

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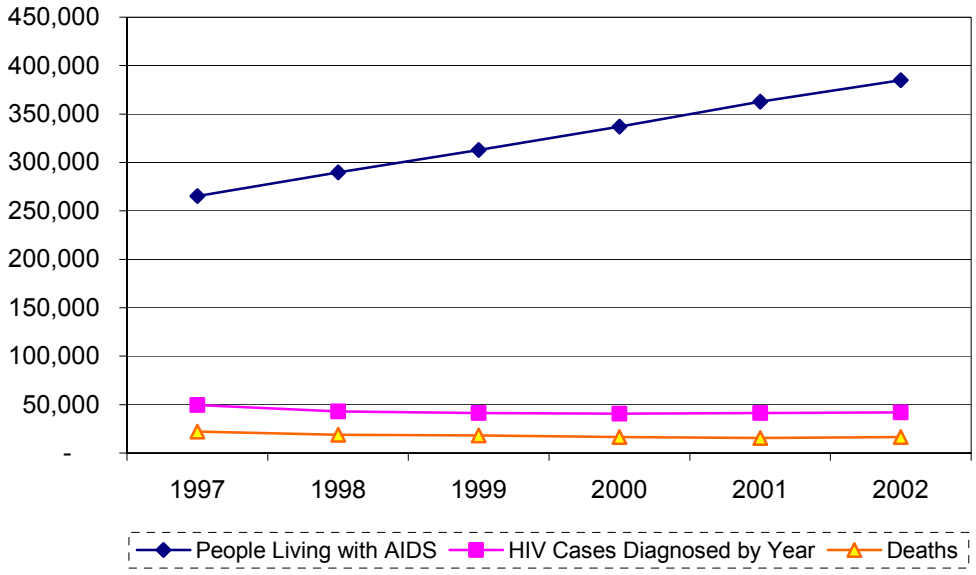
[4] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *A Glance at the HIV Epidemic*, December 2000. Available online: www.cdc.gov/nchstp/od/news/At-a-Glance.pdf. (Accessed: April 2, 2003).

[5] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, "Update: the AIDS Epidemic in the United States, 2001," *Morbidity and Mortality Weekly Report, 2002*, vol. 51, pp. 592-595. Available online: www.cdc.gov/mmwr/PDF/wk/mm5127.pdf (Accessed: April 2, 2003).

Figure 1:
People Living with AIDS, New HIV Cases Diagnosed, and HIV/AIDS-Related Deaths in the United States, by Year from 1997-2002



Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Surveillance Report, Year End 2002*, p. 5, 6. Available online: www.cdc.gov/hiv/stats/hasr1402/2002SurveillanceReport.pdf (Accessed: March 23, 2004).

The American public continues to see HIV/AIDS as a serious public health concern (26 percent), second only to cancer (35 percent). Populations that are disparately affected by HIV/AIDS—African Americans/Blacks, Hispanics/Latinos, young adults and their parents—consider AIDS a more urgent problem today than five years ago, compared to Whites/Caucasians. Nearly half of the U.S. population (43 percent) says they personally know someone who is living with HIV/AIDS or has died of AIDS.[6]

Demographic Trends

The AIDS epidemic has become more complex over the past twenty years. Originally concentrated in large urban areas of the United States among men who have sex with men and injection drug users, **the prevalence of HIV/AIDS among residents of the Southeast United States, African Americans/Blacks, Hispanics/Latinos, women, young adults, persons exposed to HIV through heterosexual contact, and persons exiting the criminal justice system has increased significantly.** Limited access to healthcare and preventive services, poverty, social disadvantage, discrimination, and stigma are some of the factors that have contributed to these trends.

[6] The Henry J. Kaiser Family Foundation, *The AIDS Epidemic at 20 Years: The View from America, A National Survey of Americans on HIV/AIDS, 2001*, p. 7.

Every state in the nation, as well as Puerto Rico, the Virgin Islands, and U.S. territories, reported new AIDS cases diagnosed in 2002.[7] Approximately 10 percent of the AIDS cases reported were from metropolitan areas with populations less than 500,000 and 6 percent were from rural areas with populations less than 50,000.[8]

Southeastern states make up about one-third of the total U.S. population, but they account for 40 percent of the people estimated to be living with AIDS and 46 percent of the estimated new AIDS cases.[9] The South also has the largest number and proportion of cases reported from rural areas.[10]

The racial/ethnic, gender, and age profiles of people living with HIV/AIDS have also shifted over the course of the epidemic:

- African Americans/Blacks made up 12 percent of the U.S. population, but accounted for half of new HIV cases reported in 2002. The AIDS rate among African Americans/Blacks was nearly eleven times the rate reported among whites.[11]
- AIDS is the leading cause of death among African American/Black women ages 25-34 and African American/Black men ages 35-44.[12]
- African American/Black women accounted for nearly 64 percent of new HIV cases reported among women in 2001. Hispanic/Latina and White/Caucasian women each accounted for 17 percent of reported HIV cases.[13] Overall, women comprised an estimated 30 percent of new infections annually.[14]
- Hispanics/Latinos made up 13 percent of the U.S. population, but accounted for 19 percent of new HIV cases reported in 2000. The AIDS rate among Hispanics/Latinos was three times the rate reported among Whites/Caucasians.[15]
- Adolescents and young adults between the ages of 13 and 24 comprised half of new HIV infections. African American/Black youth represent the majority of these infections. The CDC estimates that 47 percent of new cases among this age group are among females.[16]

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[7] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Surveillance Report, Year End 2002*, pp. 5-6. Available online: http://www.cdc.gov/hiv/stats/hasr1402/2002SurveillanceReport.pdf (Accessed: March 23, 2004).

[8] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS in Urban and Nonurban Areas*, Fact Sheet, p. 4. Available online: http://www.cdc.gov/hiv/graphics/images/L206/L206.pdf (Accessed May 4, 2004). Does not include Puerto Rico, U.S. Virgin Islands, and territories. Rural area defined as population less than 50,000.

[9] The Henry J. Kaiser Family Foundation, *HIV/AIDS and other Sexually Transmitted Diseases (STDs) in the Southern Region of the United States: Epidemiological Overview*, *Southern States Summit on HIV/AIDS and STDs: A Call to Action*, November 13-15, 2002, p. 1. Note: Southern states defined as Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[10] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS in Urban and Nonurban Areas*, Fact Sheet. Available online: http://www.cdc.gov/hiv/graphics/images/L206/L206.pdf (Accessed May 4, 2004).

[11] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Among African Americans*, Fact Sheet, March 2003, p. 1. Available online: www.cdc.gov/hiv/pubs/Facts/afam.pdf (Accessed: March 23, 2004).

[12] Ibid.

[13] Ibid, p. 2.

[14] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *A Glance at the HIV Epidemic*, December 2000. Available online: www.cdc.gov/nchstp/od/news/At-a-Glance.pdf (Accessed: May 4, 2004).

[15] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Among Hispanics in the United States*, Fact Sheet. Available online: www.cdc.gov/hiv/pubs/facts/hispanic.htm (Accessed: May 4, 2004).

Medical Advances in Treating People Living with HIV/AIDS

People living with HIV/AIDS who are being successfully treated with Highly Active Anti-Retroviral Therapy (HAART)—often referred to as combination therapies or the 'cocktail'—are experiencing significant improvements in health. Many people living with HIV/AIDS are considering re-employment and evaluating the impact that returning to work could have on their disability and medical benefits.

However, some individuals with access to these medications are experiencing failure, even though they are being closely monitored and have medications adjusted frequently. In addition, not all people living with HIV/AIDS who might be helped by existing HIV treatments necessarily have access to them. **The medications and monitoring associated with HAART are expensive—at $10,000 to $15,000 each year—putting them well out of reach for people who do not have adequate insurance or access to state-run AIDS Drug Assistance Programs.** Studies show persisting disparities in access to these medications, particularly among women, people of color, and injection drug users.[17] Another study published in 2001 estimated that nearly all of the 750,000 people living with HIV (estimated at the time of the study) in the United States would have met the criteria (HIV-related symptoms such as low CD4 cell counts and high viral loads) for being offered HAART, but that only about 200,000 were accessing it. Reasons for limited use of HAART include lack of awareness of HIV status, patient difficulty with adherence, and development of drug resistance, among others.[18]

Income and Poverty in the National Context

Many individuals and families with low incomes are forced to make critical choices when their finances are not sufficient to meet their basic living needs. It may mean fewer meals, no healthcare, loss of utilities, overcrowded housing, or eviction. For people living with HIV/AIDS who have low incomes, these choices can have a serious effect on their health status.

The HIV Cost and Services Utilization Study (1996), the most comprehensive study to date, presents a statistical snapshot of the economic well-being of people living with HIV/AIDS. At the time of the study, 63 percent were unemployed, 46 percent had a household income of less than $10,000, 78 percent had no private health insurance, and 20 percent had no health insurance.[19]

For many low-income and disabled persons in the United States, healthcare accounts for a significant portion of their monthly budget. **Nearly 50 million Americans were uninsured during some period of time in 2002.** The majority, 26 million, had been uninsured for 12 months or

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[16] Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *Young People at Risk: HIV/AIDS Among America's Youth*, Fact Sheet. Available online: www.cdc.gov/hiv/pubs/facts/youth.htm (Accessed: May 4, 2004).

[17] Usha Sambamoorthi, Ph.D., et al., "Use of Protease Inhibitors and Non-Nucleoside Reverse Transcriptase Inhibitors Among Medicaid Beneficiaries with AIDS," *American Journal of Public Health*, September 2001, vol. 91, no. 9, pp. 1474-1481. Available online: www.ajph.org/cgi/reprint/91/9/1474.pdf (Accessed: September 29, 2004).

[18] James G. Kahn, M.D., M.P.H., Brian Halle, M.P.P., M.A., Jennifer Kates, M.P.A., M.A., and Sophia Chang, M.D., M.P.H., "Health and Federal Budgetary Effects of Increasing Access to Antiretroviral Medications for HIV by Expanding Medicaid," *American Journal of Public Health*, September 2001, vol. 91, no. 9, pp. 1464-1473. Available online: www.ajph.org/cgi/reprint/91/9/1464.pdf (Accessed: September 29, 2004).

[19] S.A. Bozzette, S.H. Berry, H.D. Duan, et al., "The Care of HIV-Infected Adults in the United States," *New England Journal of Medicine*, vol. 339, no. 26, December 24, 1998.

more.[20] People with HIV/AIDS who are able to qualify for Supplemental Security Income (SSI) due to their disability status are usually eligible for health coverage through Medicaid or Medicare, depending on personal income, age, and state regulations. However, the application period can range from a few months to a few years for both SSI and the Medicaid and Medicare programs. Therefore, many people living with HIV/AIDS who earn low incomes are forced to choose between paying for their healthcare or paying for their housing.

Housing Affordability in the National Context

Unprecedented economic growth in the 1990s did not raise all incomes equally, although it did raise housing costs. As a result, for each of the past few years, including 2003, a full-time, minimum-wage worker could not afford to rent a two-bedroom apartment at the federally established Fair Market Rent (FMR) in any part of the United States.[21]

People with disabilities who depend on SSI—which is equivalent to just 19 percent of the national median income for an individual in 2003—have few housing choices. For the first time ever, in 2002, the national average rent per year was greater than the annual income provided by the SSI program—105 percent of SSI would be needed to rent a modest one-bedroom apartment.[22]

People living with HIV/AIDS who have low incomes face the same challenges as other people with low incomes and frequently turn to the same resources to meet their housing and service needs. A small portion of people with low incomes are able to meet their housing needs with assistance, either in the form of subsidized units or through vouchers, such as Section 8, that a tenant can use in available market-rate housing. When it is not possible to obtain affordable housing, residents with low incomes inevitably pay a larger percentage of their income toward housing costs than people earning higher incomes, or they combine households to share housing costs. Individuals who pay a high proportion of their income for housing costs and those who are living in overcrowded situations are at increased risk for homelessness.

Homelessness and Related Issues in the National Context

The housing affordability crisis in the United States has been a driving factor for a burgeoning homeless population. It is estimated that on any given night, nearly one million Americans are homeless.[23] **The U.S. homeless population has an estimated median rate of HIV prevalence of at least three times higher than the general population.**[24] Among more than 13,000 people living

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[20] The Henry J. Kaiser Family Foundation, Commission on Medicaid and the Uninsured, *Lack of Coverage: A Long-Term Problem for Most Uninsured, Fact Sheet*, January 2004. Available online: www.kff.org/uninsured/4120-index.cfm (Accessed: May 4, 2004).

[21] National Low Income Housing Coalition, *Out of Reach 2003*. Available online: www.nlihc.org/oor_current/table9.htm (Accessed: May 4, 2004).

[22] Technical Assistance Collaborative, Inc., *Priced Out in 2002*, May 2003, p. 1. Available online: www.tacinc.org/index/viewPage.cfm?pageId=37 (Accessed: May 4, 2004).

[23] National Alliance to End Homelessness, Corporation for Supportive Housing, and AIDS Housing of Washington. *Policy Papers: New Partnerships for Ending Homelessness*, July 2003. Available online: www.endhomelessness.org/pol/PolicyPapers03.pdf Accessed: May 4, 2004).

[24] Rates (from 3 to 62 percent) have been found in selected homeless sub-populations; the rate among the general population is less than 1 percent. John Song M.D., M.P.H., M.A.T., *HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy*, November 1999, National Health Care for the Homeless Council, Health Care for the Homeless Clinician's Network, p. 1. Available online: www.nhchc.org (Accessed: January 10, 2002).

with HIV/AIDS surveyed by AIDS Housing of Washington in twenty-one counties or metropolitan areas and twelve states between 1993 and 2003, 40 percent indicated they had been homeless at some point in their lives.[25]

When people are unable to afford housing, they are at risk of becoming homeless. People staying in homeless shelters represent a portion of the homeless population. Other marginally housed people may be staying in substandard housing, in cars, or in temporarily doubled-up situations with friends or relatives. Homeless services are available but meet only part of the outstanding need.

Increasingly, people living with HIV/AIDS also have substance use or mental health issues that may or may not be combined with homelessness. People with both substance use issues and mental illness are at a greater risk for HIV/AIDS, are over-represented in the homeless population, and experience more barriers to housing and healthcare.

Substance use and homelessness are also closely associated with incarceration and involvement with the criminal justice system. Particularly as people living with HIV/AIDS live longer lives, incarceration is a growing concern. **The prevalence of AIDS among inmates is five times higher than that in the general population.**[26] The Department of Justice found that female prisoners have a higher infection rate than male prisoners—3 percent versus 2 percent.[27] Having a criminal history can make a person ineligible for many types of housing and services, as well as limit employment opportunities.

Appropriate services and housing for people with histories of homelessness, mental illness, substance use, and/or incarceration can make a critical difference in improving health and quality of life. For example, **housing stability is often necessary for a person living with HIV/AIDS to gain access to healthcare** and adhere to treatment regimens. Individuals who have had histories of substance use, mental illness, and homelessness often need ongoing support services in order to maintain stable housing. People affected by these issues may need job skills training and ongoing support in order to obtain and maintain employment.

HIV/AIDS-Dedicated Resources in the National Context

The federal government has established two programs that provide funding dedicated to serving people living with HIV/AIDS—the Housing Opportunities for Persons with AIDS (HOPWA) program administered by the U.S. Department of Housing and Urban Development (HUD) and the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act program administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Both can be used to fund housing and related support services, although the eligible activities differ between programs. Other federal programs also provide funding for housing low-income people, regardless of HIV status, and are described in ***Appendix 4***.

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[25] AIDS Housing of Washington, *Fact Sheet: AIDS Housing Survey, 2003*. Available online: www.aidshousing.org/ahw_library2275/ahw_library_show.htm?doc_id=76974 (Accessed: March 24, 2004).
[26] National Commission on Correctional Health Care, *The Health Status of Soon-to-be-Released Inmates: A Report to Congress*, p. 17. Available online: www.ncchc.org/stbr/Volume1/Chapter3.pdf (Accessed: March 20, 2003).
[27] Laura M. Maruschak, *HIV in Prisons, 2001*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, January 2004, NCJ196023. Available online: www.ojp.usdoj.gov/bjs/pub/pdf/hivp01.pdf (Accessed: March 24, 2004).

Since 1992, the federal government has allocated more than $2 billion for the HOPWA program to support community efforts to create and operate HIV/AIDS housing and provide related services.[28] For Fiscal Year 2004, $292 million in HOPWA funds was available for formula allocations and competitive awards. A total of 117 jurisdictions—79 metropolitan areas and 38 states—received formula allocations in 2004.[29]

HOPWA funds are awarded to state and local governments to design long-term, comprehensive strategies for meeting the housing needs of people living with HIV/AIDS and their families. Participating jurisdictions have the flexibility to provide a range of housing assistance, including:

- Housing information services
- Project- or tenant-based rental assistance
- Short-term rent, mortgage, and utility payments to prevent homelessness
- Housing development
- Support services

The Ryan White CARE Act was first authorized in 1990 to address the full range of unmet health needs of people living with HIV/AIDS by funding primary healthcare and related support services, and increasing access to care for underserved populations.

The Ryan White CARE Act represents the largest dollar investment made by the federal government specifically for the provision of services for people living with HIV/AIDS. In fiscal year 2004, Congress appropriated $2 billion for use under the CARE Act, which serves more than 500,000 individuals each year.[30] As part of that goal, the CARE Act allows housing-related assistance as eligible expenditures under Titles I, II, and IV.

Two types of eligible housing-related expenditures are typically covered:

- Housing referral services, such as assessment, search, placement, and advocacy services
- Short-term emergency housing, such as short-term rental assistance (e.g., the Ryan White-funded Partial Assisted Rent Subsidy), emergency shelter stays, short-term residential treatment, short-term assisted living, and temporary/transitional housing programs

Many AIDS housing and service providers rely on funding from HOPWA and Ryan White CARE Act to support their programs. The first phase of a Vanderbilt University AIDS housing cost study determined that 66 percent of the nation's AIDS housing providers received HOPWA funding for AIDS housing and services, while 55 percent received CARE Act funds.[31]

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[28] U.S. Department of Housing and Urban Development, Office of HIV/AIDS Housing, *Housing Opportunities for Persons with AIDS (HOPWA)*. Available online: www.hud.gov/offices/cpd/aidshousing/programs/formula/serviceareas/index.cfm (Accessed: March 31, 2004).
[29] Ibid.
[30] U.S. Department of Health and Human Services, *Health Resources and Services Administration, HRSA FY 2004 Budget*. Available online: http://newsroom.hrsa.gov/NewsBriefs/2004/FY04-HRSA-Budget.htm (Accessed: March 31, 2004).
[31] Debra Rog and Sidra Goldwater, *The Landscape of AIDS Housing*, Vanderbilt University, Washington, DC, 1999, p. 9.

Context of HIV/AIDS Housing in San Diego County

This section provides a context for HIV/AIDS housing issues by describing San Diego County: its population and demographics, income and poverty, HIV/AIDS epidemiology, housing affordability, and homelessness population.

Population and Demographics

In 2002, San Diego County, including the City of San Diego and all other cities and towns, had a household population of more than 2.8 million, which ranks third in the state of California. The population outside of the city of San Diego is 1.6 million.[32] More than 1.2 million people live within the city limits of San Diego, making it the second largest city in the state, behind Los Angeles.[33] Spanning more than 4,300 square miles, the county is the tenth largest in land area in the state.[34]

San Diego County's population is 65 percent White/Caucasian, 29 percent Hispanic/Latino, and 5 percent African American/Black. The county's median age is 33.7, and its average household size is 2.8.[35]

HIV/AIDS Epidemiology

As of December 31, 2003, there had been 12,034 AIDS cases reported since 1981 in San Diego County, and 4,155 HIV cases reported since 2002, the year statewide HIV reporting began in California.

In total, 5,454 people were reported to be living with AIDS as of December 31, 2003, and an additional **4,102 people were living with HIV**.

Over the past twenty-plus years, since the first diagnosis of AIDS in San Diego County, the demographics of the disease have slowly shifted. White men who have sex with men, who are between the ages of 30 and 39, and who lived in the Central region of the county at the time of diagnosis are the group most frequently diagnosed with AIDS. **However, in recent years larger percentages of people are being diagnosed with AIDS who are African American/Black or Hispanic/Latino.** In addition, an increasing number of women are being diagnosed with AIDS, although this trend has not impacted San Diego County as severely as the nation as a whole. An increasing number of people are being diagnosed with AIDS between the ages of 40 and 49, while

[32] U.S. Census Bureau, *American Community Survey Profile 2002*. Available online: www.census.gov/acs/www/Products/Profiles/Single/2002/ACS/CA.htm (Accessed: May 18, 2004).
[33] U.S. Census Bureau, American FactFinder, *Geographic Comparison Table: 2000*. Available online: www.quickfacts.census.gov/qfd/states/06000lk.html (Accessed: May 18, 2004).
[34] County of San Diego Department of Housing and Community Development, *San Diego Urban County and HOME Consortium 2000-2005 Consolidated Plan*, p. E-1, May 2000.
[35] U.S. Census Bureau, *American Community Survey Profile 2002*. Available online: www.census.gov/acs/www/Products/Profiles/Single/2002/ACS/CA.htm (Accessed: May 18, 2004).

numbers are decreasing for people between the ages of 20 and 29, and 30 and 39. Finally, there has been an increase in the number of people diagnosed outside of Central San Diego, including increasing numbers of cases of people living in the South part of the county.[36] ***Table 1*** provides a summary of HIV and AIDS case data for San Diego County.

Table 1:
Cumulative Cases of HIV and AIDS in San Diego County, by Race/Ethnicity, Gender, and Transmission Mode, as of December 31, 2003

Demographics	HIV Cases (no AIDS diagnosis)		AIDS Cases	
	Number	Percent	Number	Percent
Race/Ethnicity				
Hispanic – All Races	894	22%	2,568	21%
Not Hispanic				
American Indian/Alaska Native	38	1%	72	1%
Asian	14	<1%	6	<1%
African American/Black	547	13%	1,487	12%
Native Hawaiian/Pacific Islander	9	<1%	2	<1%
White	2,586	62%	7,671	64%
Legacy Asian/Pacific Islander	67	2%	228	2%
Total	**4,155**	**100%**	**12,034**	**100%**
Gender				
Male	3,718	89%	11,146	93%
Female	437	11%	888	7%
Total	**4,155**	**100%**	**12,034**	**100%**
Transmission Mode				
Men who have sex with men (MSM)	2,977	72%	8,921	74%
Injecting drug use (IDU)	257	6%	1,074	9%
MSM/IDU	280	7%	1,134	9%
Hemophilia/coagulation disorder	5	<1%	68	1%
Heterosexual contact	455	11%	591	5%
Receipt of blood, components, or tissue	4	<1%	162	1%
Mother with/at risk for HIV infection	11	<1%	47	<1%
Risk not reported/other	166	4%	37	<1%
Total	**4,155**	**100%**	**12,034**	**100%**

Source: County of San Diego, Health and Human Services Agency, *HIV/AIDS Epidemiology Report,* 2004, pp. 54-57.
Notes: The State of California has monitored AIDS since 1981 and HIV since 2002. Percentages may not add up to 100 due to rounding.

[36] County of San Diego, Health and Human Services Agency, *HIV/AIDS Epidemiology Report*, 2004.

Income and Poverty

The median family income (MFI) in San Diego in 2004, as estimated by the U.S. Department of Housing and Urban Development, was $63,400.[37] Many people living with HIV/AIDS, however, earn less than the median income. **Approximately 60 percent of people living with HIV/AIDS, according to the 2004 HIV/AIDS Needs Assessment, conducted by San Diego County Office of AIDS Coordination, earn less than $2,000 per month**.[38] Approximately 11 percent of San Diego County residents, or 302,668 people, were living in poverty as of 2000.[39]

Housing Affordability

According to nearly all reports, housing affordability in San Diego has plummeted as the average rents have increased. As of Spring 2004, the vacancy rate for the San Diego metropolitan area was 2.8 percent, creating a market in which property owners can increase rents.[40] The average cost of rent in the San Diego metropolitan area increased 3.3 percent from July 2003 to July 2004 to $1,197 per month (an average of units of all sizes). Average rents in San Diego are the sixth highest in the state, ranking behind only the Los Angeles/Orange, San Francisco, Ventura, Santa Cruz, and San Jose metropolitan areas.[41]

Households paying more than 30 percent of their incomes for housing costs (rent/mortgage plus utilities) are considered by HUD to be cost-burdened. These households may be at increased risk of homelessness, particularly if they are earning low incomes, as are many people living with HIV/AIDS. AIDS Housing of Washington has found through surveying people living with HIV/AIDS in more than 30 cities, counties, and states that the median amount of income spent on housing costs, including rent and utility payments, by its survey respondents was nearly 50 percent.

Amount earned monthly by person earning SSI:	**$790**
Amount person earning SSI can afford per month for housing costs (30% of income)	**$237**
Average rent in San Diego metropolitan area	**$1,197**

Households earning 30 percent of the MFI, or $19,020 per year, could afford to pay only $475 per month in rent without incurring a housing cost burden (paying more than 30 percent of their monthly income on rent).[42] However, housing costs in San Diego are some of the highest in the nation—a one-bedroom unit at the Fair Market Rent (FMR)[43] is $939 per month. Therefore, $939 a

[37] U.S. Department of Housing and Urban Development, Office of Policy Development and Research, *FY 2004 Family Incomes*. Available online: www.huduser.org/Datasets/IL/IL04/hud04ca.pdf (Accessed: May 18, 2004).
[38] San Diego County Office of AIDS Coordination, *Final Results: 2004 HIV/AIDS Needs Assessment*, July 10, 2004 (draft).
[39] U.S. Census Bureau, *County Estimates for People of All Ages in Poverty for California*. Available online: www.census.gov/cgi-bin/saipe/saipe.cgi (Accessed: September 29, 2004).
[40] Real Estate Services Group*, Southern California Real Estate Briefs*, Spring 2004. Available online: http://realestateservicesgroup.com/newslet.htm (Accessed: August 13, 2004).
[41] NBC San Diego, "SoCal Rents are Highest in West," nbcsandiego.com, July 26, 2004. Available online: www.nbcsandiego.com/houseandhome/3577775/detail.html (Accessed: August 13, 2004).
[42] U.S. Department of Housing and Urban Development, Office of Policy Development and Research, *FY 2004 Family Incomes*. Available online: www.huduser.org/Datasets/IL/IL04/hud04ca.pdf (Accessed: May 18, 2004).
[43] HUD annually establishes Fair Market Rent (FMR) as the rental cost limit for certain rental subsidy programs. FMRs are set for each county at the fortieth percentile of rents paid by people who moved within the past two years, excluding people who moved into newly constructed units. This means that 40 percent of rents were lower and 60 percent were higher than FMR. FMR is not intended to represent the actual cost of available units, but is useful as an estimate of housing costs for an area.

month in rent is $464 more than a family earning low incomes could afford.[44] For a person earning only Supplemental Security Income ($790 per month in California), rents are far out of reach.

An alternative way of evaluating housing affordability has been devised by the National Low Income Housing Coalition. They have determined the "housing wage" a person must earn to afford (pay 30 percent of monthly income) different sized housing units at FMR. **In order to afford a one-bedroom unit at the FMR, a person had to earn $18.06 per hour and work full-time (40 hours per week)**. For a two-bedroom FMR unit in 2003, a person had to earn $22.60 per hour, an 8 percent increase from 2002 to 2003. A person earning the minimum wage ($6.75 in California) would need to work 107 hours per week to afford a one-bedroom unit at FMR.[45]

Homelessness

The San Diego Regional Task Force on the Homeless conducted a count of homeless persons in San Diego County on January 27, 2004 and determined that **9,667 people were homeless**. **The Task Force estimates that 424 of the homeless are living with HIV/AIDS.** Overall, nearly two-thirds of the homeless are unsheltered.

Of the homeless population in San Diego, it is estimated that 76 percent (7,323 people) live in urban areas of the county and 24 percent (2,344 people) are farm workers and day laborers. Forty-six percent (4,458 people) of the homeless live in the city of San Diego. Escondido, Oceanside, and the unincorporated portions of San Diego County each have an estimated 1,000 homeless persons or more living within their jurisdictions.

Of the homeless population in San Diego County, approximately 7,300 are single individuals, including approximately 1,500 single adult women and 110 homeless youth living without parents. There were approximately 790 families with children totaling 2,400 people.[46]

[44] U.S. Department of Housing and Urban Development, HUD User, *Fair Market Rents 2004*. Available online: www.huduser.org/datasets/fmr.html (Accessed: May 18, 2004).
[45] National Low Income Housing Coalition, *Out of Reach 2003.* Available online: www.nlihc.org/oor_current/ (Accessed: July 28, 2004).
[46] Regional Task Force for the Homeless, *Regional Homeless Profile,* July 2004.

Table 2 shows some of the homeless data generated by the Regional Task Force on the Homeless.

Table 2:
Estimated Homeless Population for San Diego County, as of January 27, 2004

Demographics	Number	Percent
General Homeless Population		
Urban Homeless Persons	7,323	76%
Homeless Farm Workers and Day Laborers	2,344	24%
Total	**9,667**	**100%**
Family Status		
Single Individuals	7,294	75%
Persons in Families with Children	2,373	25%
Total	**9,667**	**100%**
Jurisdiction		
San Diego	4,458	46%
Oceanside	1,098	11%
Unincorporated San Diego County	1,037	11%
Escondido	1,012	10%

Source: Regional Task Force for the Homeless, *Regional Homeless Profile,* July 2004.

HIV/AIDS-Dedicated Housing Resources

HIV/AIDS-Dedicated Funding

There are two federal programs, as described in the "National Context" section, that provide funding dedicated to serving people living with HIV/AIDS—the Housing Opportunities for Persons with AIDS (HOPWA) program administered by the U.S. Department of Housing and Urban Development (HUD) and the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act program administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Both can be used to fund housing and related support services, although the eligible activities differ between programs.

The County of San Diego, Department of Housing and Community Development (HCD) administers the local HOPWA program for people living with HIV/AIDS in San Diego County. In each of the past six years, HCD has received more than $2 million in HOPWA funding. However, **funding has not kept pace with the increasing numbers of people living with HIV/AIDS.**

Table 3 shows the amount of HOPWA funding the County has received, the number of people living with AIDS in San Diego County, and percent change by year from 1999 to 2004.

Table 3:
HOPWA Funding, Percent Change in HOPWA Funding Over Previous Year, People Living with HIV/AIDS, and Percent Change in People Living With AIDS Over Previous Year (1999 to 2004)

	1999	2000	2001	2002	2003	2004	Total Percent Change (1999-2004)
HOPWA Funding	$2,168,000	$2,214,000	$2,427,000	$2,593,000	$2,671,000	$2,683,000	**N/A**
Percent Change in HOPWA Funding Over Previous Year	—	2%	10%	7%	3%	<1%	**24%**
People Living With AIDS	4,219	4,444	4,674	4,892	5,252	5,579	**N/A**
Percent Change in People Living With AIDS Over Previous Year	—	5%	5%	5%	7%	6%	**32%**

Source: U.S. Department of Housing and Urban Development, Community Planning and Development, September 2004. Available online: www.hud.gov/offices/cpd/aidshousing/reporting/execsummary/ca/sandiego.cfm (Accessed: September 29, 2004); County of San Diego, Health and Human Services Agency, *HIV/AIDS Epidemiology Report*, 2004; *Inflation Calculator.* Available online: www.westegg.com/inflation/ (Accessed: November 1, 2004.)

Housing Units/Subsidies Dedicated to People Living with HIV/AIDS

San Diego County has an excellent continuum of housing assistance programs dedicated to people living with HIV/AIDS. From emergency assistance to residential care facilities, there are many housing options designed to serve people living with HIV/AIDS. **However, while Table 4 shows that approximately 780 households can be served by these programs, there are approximately 10,000 people living with HIV/AIDS in San Diego County.** While it is difficult to accurately estimate the number of people in need of assistance, it is clear that many people living with HIV/AIDS earn low incomes and thus would qualify for many housing assistance programs.

Table 4, on the following page, represents an inventory of units/subsidies that are dedicated to housing people living with HIV/AIDS in San Diego County.

Table 4:
HIV/AIDS-Dedicated Housing Resources

Agency/Program (Description)	Units/ Program Capacity
Emergency Housing	
Center for Social Support and Education (emergency beds for up to 44 days)	126
Transitional Housing (for Ambulatory and Self-Sufficient Clients)	
St. Vincent de Paul Village/Josue Houses I, II, and III (for self-sufficient clients)	26
PACTO Latino/Casa Del Sol (for self-sufficient clients)	9
PACTO Latino/Casa Truax (for self-sufficient clients)	8
Transitional Housing (for Substance Use Recovery)	
Stepping Stone/Enya House (for clients sober for 60 days)	10
Stepping Stone/Central Avenue (includes sponsor-based Shelter Plus Care subsidy)	10-14
County AIDS Case Management (housing and recovery services for homeless)	100
Short-Term Rental Assistance	
Ryan White/Townspeople/Partial Assisted Rental Subsidy (PARS) (shallow subsidy)	275
Long-Term Rental Assistance	
HOPWA/County of San Diego Tenant-Based Rental Assistance	80
Center for Social Support and Education/Shelter Plus Care (tenant-based with supportive services)	18
Permanent Independent Housing	
Sierra Vista Apartments (2- and 3-bedroom apartments)	5
Paseo del Oro Apartments (for singles and families)	4
Shadow Hills (for families)	5
Sonoma Court Apartments (1- and 2-bedroom apartments)	2
Mariposa Apartments (2- and 3-bedroom apartments)	2
Spring Valley Apartments (studios and 1-bedroom apartments)	9
Mercy Gardens (studios and 1-bedrooms)	21
Permanent Supportive Housing	
Community Housing Works/Marisol Apartments (1-bedroom apartments)	21
Community Housing Works/Old Grove (1-bedroom apartments)	8
Townspeople/Wilson Avenue Apartments (1-bedroom apartments)	8
South Bay Community Services/La Posada (includes sponsor-based Shelter Plus Care subsidy)	12
Residential Care Facilities for the Chronically Ill (RCF-CI)	
Fraternity House, Inc./Fraternity House (for clients who need 24-hour care)	8
Fraternity House, Inc./Michaelle House (for clients who need 24-hour care; 6 beds for women with children)	12
Total Current Resources	**779-783**

Source: County of San Diego, Department of Housing and Community Development and Regional Task Force on the Homeless, *Homeless Services Profile*, October 2003.

Issues Identified by People Living with HIV/AIDS

This section provides an analysis of the findings from the consumer focus groups held in San Diego County as part of the *San Diego County HIV/AIDS Housing Plan Update 2004* needs assessment and planning process. Summaries of each focus group can be found in ***Appendix 2***. A total of 45 people living with HIV/AIDS participated in four focus groups.

Additionally, this section provides selected results from the *2004 HIV/AIDS Needs Assessment*, conducted by the San Diego County Office of AIDS Coordination for the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I program. **For complete survey results, please contact the Office of AIDS Coordination at (619) 296-3400.** More than 12,000 surveys were distributed during 2004 and 1,151 people living with HIV/AIDS responded to the survey.

Key findings from the focus groups and survey are organized in the following categories:

- Housing market
- Housing quality and safety
- Housing search experiences
- Existing housing programs
- Consumer preferences and priorities

This section provides an analysis of the findings from the consumer focus groups held as part of the *San Diego County HIV/AIDS Housing Plan Update 2004* needs assessment and planning process and the consumer survey conducted as part of the *2004 HIV/AIDS Needs Assessment*, conducted by the San Diego County Office of AIDS Coordination. Following an overview of the focus groups and survey, the key issues identified by people living with HIV/AIDS are summarized.

Overview of HIV/AIDS Housing Focus Groups

HIV/AIDS housing-specific focus groups were vital to obtaining qualitative, in-depth input from people living with HIV/AIDS in San Diego County. Meeting in small groups with other HIV-positive people gave participants the opportunity to discuss a range of issues related to their housing environments, needs, and preferences. The forums also allowed people living with HIV/AIDS to provide more detail about their situations than is typically allowed through participating in public meetings or completing surveys. While the facilitator asked similar questions in each group, participants shaped the conversation by highlighting those issues of greatest concern to them. Participants received $10 food vouchers for their participation.

The Steering Committee for the *San Diego County HIV/AIDS Housing Plan Update 2004* needs assessment and planning process determined that four focus groups should be held. The committee identified four subpopulations of people living with HIV/AIDS to target for the focus groups and the agencies that should recruit participants. For example, the committee recommended that one group target homeless people and be coordinated by Center for Social Support & Education. The committee also recommended locations for the meetings. For example, the committee indicated that one group should be held in north San Diego County.

Four focus groups with 45 total participants were conducted. Participants were recruited from throughout the county and included 27 women, including 2 transgender (male to female), and 18 men. Participants also included 25 Hispanics/Latinos, 12 Whites/Caucasians, and 8 African Americans/Blacks. In addition, at least two adolescents under the age of 18 participated in the focus groups.

In each focus group, participants were given an opportunity to describe their current housing situation, the housing qualities they liked and disliked, and issues they had encountered while searching for housing. Participants were also asked to consider how their housing and support service options might be improved, such as through rental assistance, utility assistance, or the development of units dedicated to people living with HIV/AIDS. Comments from each group are recounted in ***Appendix 2***.

Table 5 summarizes the subpopulation targeted, coordinating agency, date, location, and number of people in attendance for each of the four consumer focus groups.

Please note that there was crossover among subpopulations at each focus group. For example, there were people of color at the gay/bisexual men focus group, and there were gay/bisexual men at the people of color focus group.

Table 5:
Consumer Focus Groups

Subpopulation	Coordinating Agency*	Date (2004)	Location	Number of People
Currently/Recently Homeless Persons	Center for Social Support & Education	July 7	Central San Diego	11
People of Color	PACTO Latino AIDS Organization	August 2	Central San Diego	10
Persons in Families with Children	University of California, San Diego, Mother, Child & Adolescent Program (MCAP)	August 3	Central San Diego	20
Gay/Bisexual Men	Being Alive, North County	August 4	Oceanside	4

* Special thanks to Luis Abarca (Center for Social Support & Education), Tito Ramirez (PACTO Latino AIDS Organization), Mary Caffery (University of California, San Diego, Mother, Child & Adolescent Program - MCAP), and Dennis Finnell (Being Alive, North County) for recruiting participants and hosting the focus groups.

Overview of 2004 HIV/AIDS Needs Assessment Survey

The *2004 HIV/AIDS Needs Assessment* was conducted by San Diego County, Office of AIDS Coordination (OAC) and was designed to gather information from consumers to guide planning efforts over the next several years for the Ryan White CARE Act Title I program. OAC conducts HIV/AIDS needs assessments at least every other year. **For complete survey results, please contact OAC at (619) 296-3400.**

The *2004 HIV/AIDS Needs Assessment* included a consumer housing survey. More than 12,000 surveys were distributed to people living with HIV/AIDS by 81 agencies, and 1,151 were completed. Fifty-six percent of survey respondents were from Central San Diego, and 81 percent of those surveyed were male. Forty-six percent of respondents were White/Caucasian, 30 percent Hispanic/Latino, and 16 percent Black/African American.[47]

Issues Identified by People Living with HIV/AIDS

Some common themes emerged from the focus group discussions and from the *2004 HIV/AIDS Needs Assessment* survey results. These findings are summarized below.

Housing Market

The overarching housing-related issue for focus group participants and survey respondents was the high cost of housing in San Diego County. **Rents and home prices continue to rise, while incomes and SSI payment amounts are not increasing.** Utility costs are also very high and often fluctuate, which is difficult for many people living with HIV/AIDS who have fixed incomes. In addition, focus group participants indicated that rents often increased each time the lease expires. One focus group participant indicated that his rent had more than doubled—from $400 to $850—in four years. In fact, 10 percent of *2004 HIV/AIDS Needs Assessment* survey respondents who had to move in the previous month moved due to not having enough money to pay rent.[48]

Focus group participants indicated that there were more people looking for housing than there are units, particularly affordable housing units. Therefore, landlords were likely to have many applicants for each unit, which allowed them to screen out tenants they considered undesirable.

Many focus group participants were interested in owning a home, or had owned a home prior to having health problems that resulted in loss of income. However, participants acknowledged that homeownership was very unlikely, as housing prices were such that "$500,000 gets you a fixer-upper."

The *2004 HIV/AIDS Needs Assessment* survey results showed that housing was a very high priority need for people living with HIV/AIDS in San Diego County. In fact, the service clients most needed that they were not receiving was housing, and the percent that needed housing assistance had

[47] County of San Diego, Office of AIDS Coordination, *Final Results: 2004 HIV/AIDS Needs Assessment,* July 2004, pp. 3-5.
[48] Ibid, p. 15.

increased from 9 percent in 2002 to 23 percent in 2004.[49] The median amount of rent paid by people living with HIV/AIDS, including those who shared housing and/or received housing assistance, was $475 per month. The median income for respondents was $880 per month, and the median amount of income spent on housing each month was 41 percent.[50] This is much higher than HUD's standard for incurring a housing cost burden: 30 percent of income spent on housing and utilities combined.

Housing Quality and Safety

Many focus group participants were not receiving housing assistance, such as Housing Opportunities for Persons with AIDS (HOPWA) or Section 8, which require that housing units pass a Housing Quality Standard (HQS) inspection prior to leasing. **However, for other focus group participants, the cost of housing in San Diego County leads them to renting units of poor physical quality in neighborhoods with high crime rates.** Many focus group participants indicated that they worried that if they asked their landlord to fix their units, the landlord would evict them. Conversely, they worried that if the landlord did fix the unit, rents would increase and they would need to move.

Female focus groups participants indicated that in many cases their neighborhoods were unsafe, due to periodic violent crimes as well as regular drug activity. Women with children were frustrated that they could not find housing in decent neighborhoods, or units that were of decent quality. Undocumented women with children felt that they could not complain to landlords about housing problems without fear of eviction, and many did not have a partner to assist with household repairs.

Living in neighborhoods with drug activity is a threat to sobriety for people in recovery from substance use. Some homeless focus group participants indicated that the available emergency housing (motels), while of decent quality, was located in a dangerous part of the city where drug activity was rampant, which made it difficult to remain sober.

Poor quality housing can be detrimental to the physical health of people living with HIV/AIDS. Many focus group participants indicated that their units had rats, cockroaches, and/or mold, and that these conditions impacted both their mental and physical health.

[49] Ibid, p. 18.
[50] Ibid, p. 13.

Housing Search Experiences

Recounting their experiences searching for housing, many focus group participants indicated that landlords created multiple barriers to housing in an effort to find stably employed, quality tenants. Due to the shortage of affordable housing units in San Diego County, many landlords, particularly the larger property management companies, reviewed housing applications and often screened out people with the following characteristics:

- **Poor credit or no credit.** Many focus group participants indicated that they had poor credit due to fluctuations in health, which resulted in unstable incomes and an inability to pay bills. Undocumented participants indicated that they had no credit history, which also caused landlords to deny their applications. Twenty-five percent of *2004 HIV/AIDS Needs Assessment* survey respondents said they could not get housing due to credit or rental history.[51]
- **Criminal histories.** Many people with criminal histories were unable to get housing assistance from programs such as Section 8 and Public Housing. However, focus group participants indicated that private landlords also conduct criminal background checks and deny applications on this basis.
- **Lack of documentation.** Focus group participants indicated that landlords ask applicants for Social Security numbers, which restricted access for people who are undocumented.
- **Low incomes or lack of documented incomes.** Landlords routinely, according to participants, requested proof that an applicant earned three times the income that the unit rents for per month. For people with low incomes or people who work "under the table," such as many undocumented persons, this created another obstacle to finding a housing unit. In addition, rental and utility deposits were prohibitively expensive for people earning low incomes.
- **Housing assistance vouchers.** Some focus group participants indicated that landlords are unwilling to accept applications if the potential tenant received housing assistance from Section 8 or HOPWA. In addition, focus group participants indicated that it was difficult to find a housing unit at the Fair Market Rent.
- **Children.** Women with children who participated in the focus groups stated that they often could not afford a unit that was the appropriate size for their families. Therefore, they attempted to rent smaller units, but many landlords will ask how many people are moving in with the applicant and deny their application or charge extra for more people, which is illegal under Fair Housing Act guidelines.

Median income of survey respondents:	**$880**
Median rent/mortgage costs per survey respondent:	**$475**
Median amount of income spent on rent	**41%**

Source: County of San Diego, Office of AIDS Coordination, *Final Results: 2004 HIV/AIDS Needs Assessment for San Diego County,* July 2004, p. 13.

Hispanic focus group participants also noted that language is a barrier to housing for them, as many landlords do not speak Spanish and can be unwilling to rent to monolingual Spanish speakers. In addition, focus group participants indicated that the stress of looking for housing worsens their health.

[51] Ibid, p. 24.

Existing Housing Programs

Focus group participants were very appreciative of the existing housing programs in San Diego County, such as Section 8 and PARS, but many felt that most housing programs were inaccessible to them. Waiting lists, along with a lack of awareness about some existing programs, created a sense of hopelessness among many people living with HIV/AIDS who participated in the focus groups.

Nearly every focus group participant complained about the waiting lists for Section 8, HIV/AIDS housing facilities, and other programs for people living with HIV/AIDS. Survey respondents also stated that the primary reason why people were unable to access housing is that the programs were full or have a waiting list. In addition, some focus group participants felt that only those who earned very little or zero income were able to get housing assistance.

Some people living with HIV/AIDS, including focus group participants, were unaware of many housing programs they were eligible for or were unclear about their eligibility status for these programs. Among *2004 HIV/AIDS Needs Assessment* survey respondents, 32 percent said they could not get housing assistance because they did not know how to access the programs, and another 23 percent said they did not know the programs were available.[52]

Focus group participants were unhappy that people who were undocumented or had criminal histories were restricted from accessing some existing housing programs. In addition, 14 percent of *2004 HIV/AIDS Needs Assessment* survey respondents indicated that they could not get housing because they were undocumented.[53]

Some focus group participants who were living in or receiving rental assistance through existing HIV/AIDS housing programs indicated problems with those programs. Some had issues with the location of some facilities or units, such as those in North County, while others felt that the programs had too many rules and were restrictive. Others felt HIV/AIDS housing facilities were supportive environments for people living with HIV/AIDS. One housing program's practice of holding meetings only for the HIV-positive clients made some clients uncomfortable because other tenants subsequently became aware of their HIV status.

Generally, focus group participants preferred to live integrated in the community due to issues of stigma and a desire to keep their HIV status confidential. In particular, female focus group participants who had children preferred not to live in HIV-specific facilities because they did not want their children to be stigmatized.

[52] Ibid.
[53] Ibid.

Consumer Preferences and Priorities

Participants were asked for their suggestions for improving existing housing programs and for their preferences and priorities for new housing programs. Responses included:

- **Focus group participants acknowledged that more of all types of housing programs are needed, including rental assistance and HIV/AIDS housing facilities.** Health instability results in different service and housing needs at different times. However, they also noted that more affordable housing is needed for all populations, not just people living with HIV/AIDS. Due to the overwhelming need, participants felt that it was important to only fund housing programs that were successfully housing their tenants.
- **Many of the participants said they preferred to have long-term rental assistance**, such as the HOPWA-funded Tenant-Based Rental Assistance program, due to its flexibility in housing choice and due to the extremely long waiting lists for many programs. Additionally, **many participants felt that the Ryan White-funded Partial Rent Subsidy Program (PARS) is of great importance** due to its ability to help lots of people.
- **Many participants expressed a need for rent control.** They felt that rental assistance was good, but rents go up frequently. People earning low incomes were being squeezed out of downtown by increasing rental costs, according to many participants.
- **In each focus group, participants discussed the positives and negatives of living in HIV-specific housing programs.** Some felt that they would not want to live in an HIV-positive community because being around other sick people would cause depression, and they preferred to live integrated into the community. One participant said he would live in an HIV housing facility if tenants took care of the facilities better. Others felt that the programs provided a lot of needed support, both from staff and other tenants, and that living in such programs limited the stigmatization some felt from their current neighbors who are HIV-negative.
- **Participants also indicated that the location of housing is important to them.** Most preferred to live in central San Diego. Some gay participants indicated that it was important to them to live in Hillcrest, due to its supportive nature toward the gay community. Women with children preferred to live near schools and transportation. In addition, five percent of *2004 HIV/AIDS Needs Assessment* survey respondents said they had moved recently to be closer to HIV services and doctors.
- **Participants also stated a desire for new programs or the expansion of existing programs**, including: homeowner programs; emergency housing assistance for rent and utilities; housing for people with multiple diagnoses; and housing for people leaving incarceration.

Issues Identified by Key Stakeholders

This section provides an analysis of the findings from meetings held with key stakeholders in San Diego County as part of the *San Diego County HIV/AIDS Housing Plan Update 2004* process. Twenty-four meetings were held with key stakeholders, and a total of 35 people participated.

Overall, **key stakeholders stressed that there are more people living with HIV/AIDS in need of housing assistance than ever before.** However, it was just as clear to key stakeholders that it was becoming more difficult to meet these needs due to rising housing costs and diminishing resources.

Key findings from the stakeholder meetings are organized in the following categories:

- Barriers to finding and maintaining housing
- People who are undocumented
- Existing housing assistance programs
- Housing development
- Service systems and collaboration
- Key stakeholder priorities

This section provides an analysis of the findings from the key stakeholder meetings held as part of the *San Diego County HIV/AIDS Housing Plan Update 2004* process.

Overview of Key Stakeholder Meetings

The Steering Committee for the *San Diego County HIV/AIDS Housing Plan Update 2004* process identified and provided contact information for key stakeholders representing state and local governmental entities, housing technical assistance providers, residential care facilities, housing authorities, housing referral providers, transitional and permanent housing providers, university health centers, substance use treatment and housing providers, and providers of community services to the homeless and people living with HIV/AIDS. AIDS Housing of Washington coordinated the meetings and conducted interviews with leadership and direct service staff from agencies throughout the county.

Twenty-four meetings were held and 35 individuals representing agencies throughout San Diego County attended. Meetings were held with key stakeholders in Chula Vista, Escondido, Oceanside, and San Diego. All interviews were conducted either individually or in small groups. Staff members from AIDS Housing of Washington and San Diego County Housing and Community Development were present for each meeting.

In each meeting, key stakeholders were asked about existing community resources for low-income people in general and for people living with HIV/AIDS in particular, as well as their perceptions of related unmet needs.

A complete list of key stakeholders and their agency affiliations appears at the beginning of this plan.

Issues Identified by Key Stakeholders

Some common themes emerged from the key stakeholder meeting discussions, including:

Barriers to Finding and Maintaining Housing

People living with HIV/AIDS face many barriers to accessing and maintaining housing. While low incomes coupled with high housing costs were the most significant issues, key stakeholders identified many more obstacles to housing stability.

For many, limited incomes were the result of an inability to work caused by their illness. Key stakeholders indicated that many others who do work were not "job ready" because of poor physical appearances due to their illness, limited job histories, few marketable skills, and/or the inability because of illness to work at the types of jobs where they do have experience, such as physical or labor jobs. Other people living with HIV/AIDS who were able and qualified to work have difficulty earning enough to pay for housing in San Diego County.

The housing market in San Diego County was decidedly a "landlords' market," according to key stakeholders. Generally, there were few housing units available. **Therefore, landlords had many choices when selecting applicants, and evaluated each applicant's credit history and rental history closely.** Many people living with HIV/AIDS had poor credit and/or rental histories, often stemming from their inability to work regularly. For people living with HIV/AIDS who were active substance users, accessing and maintaining housing was difficult due to a history of eviction and behavioral issues. In addition, key stakeholders stated that many people living with HIV/AIDS had criminal histories that precluded them from admittance to housing assistance programs such as Section 8.

~

"Living alone, being disabled, and not getting housing assistance makes it impossible to afford housing in this county."

Key Stakeholder

~

In order to cope with these obstacles to housing stability, people living with HIV/AIDS were crowding into small units, moving to the less expensive parts of San Diego County or away from the county, taking on multiple jobs, and/or moving in with family and friends.

People who are Undocumented

Key stakeholders indicated that many people living with HIV/AIDS in San Diego County did not have legal documentation, including a Social Security number. The absence of such documentation created many housing-related problems.

Landlords were increasingly seeking to confirm that applicants had documentation, particularly by requesting a Social Security number. Key stakeholders confirmed that many undocumented people did not have jobs that pay by check, and therefore could not prove their income.

Additionally, key stakeholders noted that many undocumented people living with HIV/AIDS were women with children. Their illness, combined with their inability to pay for daycare, limits their capacity to earn incomes and afford decent housing. Therefore, many women find smaller, substandard housing in poor neighborhoods. Others seek housing in areas further away from the support network of agencies and family located in central San Diego. While the housing was more affordable outside of central San Diego, such units were far from services and transportation and lead to feelings of isolation, particularly for monolingual Spanish speakers.

In addition, key stakeholders who provided services and housing to undocumented people living with HIV/AIDS feared that their clients may be excluded from receiving housing assistance in the future, due to decreasing funding for housing programs.

Existing Housing Assistance Programs

With each passing year, more people are living with HIV/AIDS countywide. People are living longer, resulting in more people needing medical care, support services, and housing assistance. In addition, agencies continued to reach out to people living with HIV/AIDS who were not in care in order to get them needed medical assistance.

Key stakeholders stated that while more people than ever before were in need, funding for HIV/AIDS programs such as Ryan White and HOPWA was either decreasing or was being level-funded. The recent *2004 HIV/AIDS Needs Assessment* showed that housing is the top need of people living with HIV/AIDS, yet there was simply not enough money to help all those in need.

For people living with HIV/AIDS, and all people earning low incomes, it was very difficult to get a Section 8 voucher. **Housing authorities indicated that the average wait for a Section 8 voucher in the county is more than 5 years.** Many people were on waiting lists, but did not consider it to be a real option due to the length of time a person must wait. Key stakeholders also noted that in the next few years the situation with Section 8 may worsen due to potential changes in how federal funds were distributed to housing authorities nationwide.

Key stakeholders expressed frustration with the inability to place tenants in the new HIV/AIDS-dedicated housing units in north San Diego County. The organization that is managing those units had been very restrictive in admitting tenants with histories of evictions and/or poor credit, and the rents were higher than originally anticipated. Key stakeholders indicated that they were anxious to get the units occupied and to place clients there.

Key stakeholders indicated that existing HIV/AIDS housing facilities were beneficial to their clients. The efficiency of providing services to people in these units was cited, as was the social support provided by living amongst other people living with HIV/AIDS. However, key stakeholders stated that the issue of stigmatization does exist, and some residents preferred not to live with other people living with HIV/AIDS.

Key stakeholders from outside the HIV/AIDS housing arena noted that the "housing first" ideology, in which people are placed in permanent housing and treated with services secondly, is not the predominate ideology among HIV/AIDS housing providers in San Diego County. Key stakeholders indicated that HIV/AIDS housing providers instead value emergency and transitional housing as stepping stones to permanent housing.

Housing Development

Key stakeholders stressed that **the need for affordable housing in San Diego County for all people earning low incomes, not only people living with HIV/AIDS, continued to greatly outweigh the supply.**

Key stakeholders with knowledge of housing development issues cite many reasons for the lack of affordable housing in the county. **Among the most commonly noted barriers was community opposition, or the "not in my backyard (NIMBY)" syndrome**, particularly for special needs housing development, such as mental health and HIV/AIDS, but also for mainstream affordable housing. Key stakeholders stated that the conservative nature of some county residents led to community opposition to affordable housing projects. For some housing development projects, developers must receive a letter of support from town councils prior to breaking ground.

Key stakeholders also cited extremely high development costs as prohibiting affordable housing development, particularly housing targeted to people earning very low incomes. Land costs, particularly in downtown San Diego, and construction costs, including labor and materials, were specific concerns. In addition, in order to build housing for people at very low incomes, below 50 percent of area median income, the developer must secure operating subsidies and build large numbers of units to achieve economies of scale.

The growing trend of converting apartments into condominiums was also noted as having a negative impact on the affordable housing stock in the county. Once converted to condominiums, most affordable apartment units are not replaced.

Some key stakeholders also indicated housing developers have not demonstrated an interest in partnering with special needs service providers to develop set-aside units. Key stakeholders also indicated that there were few incentives for developers to develop HIV/AIDS housing units. In addition, while many other special needs housing agencies were seeking mainstream or homeless funding sources, key stakeholders stated that many HIV/AIDS housing providers predominately rely on Housing Opportunities for Persons with AIDS (HOPWA) funding.

While the County of San Diego Housing and Community Development (HCD) HOPWA program has set aside funds for housing development, the funds have not been utilized in recent years. **Key stakeholders expressed hope that after the planning process establishes priorities, that HCD would issue a new notice of fund availability (NOFA) based on these priorities with a firm end date.** If a successful application is not submitted, key stakeholders expressed hope that these funds would be made available to expand or enhance existing programs.

Service Systems and Collaboration

The interaction and collaboration among HIV/AIDS agencies, and between HIV/AIDS agencies and agencies that serve people in other systems (such as mental health, substance use treatment, and homeless services), were discussed by many key stakeholders. **Overall, key stakeholders representing HIV/AIDS agencies and agencies in other systems indicated that coordination and collaboration among HIV/AIDS agencies was largely informal yet strong.**

Agencies plan the major HIV/AIDS funding sources (Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I and HOPWA) together. Staff, such as case managers, work closely with other agencies to coordinate care for their HIV-positive clients. Case managers are generally considered to be hardworking, knowledgeable about existing resources, and quick to respond to client needs. However, some case managers are not always fully educated about all existing housing resources available to people living with HIV/AIDS. Some key stakeholders advocated for the creation of a single HIV/AIDS services agency, such as an AIDS foundation, in order to decrease duplication, save money, and provide more streamlined services to clients.

Key stakeholders indicated that the mental health, substance use, homeless, and HIV/AIDS service systems do not coordinate well. Due at least partly to funding cuts to mental health and substance use services in recent years, linking people living with HIV/AIDS to these services is particularly difficult, despite the importance of these services to housing stability. Key stakeholders, overall, felt that clients would benefit from increased coordination among the service systems.

Key Stakeholder Priorities

Key stakeholders were asked in each meeting to identify gaps in the HIV/AIDS housing continuum. The following list of HIV/AIDS housing priorities are summarized based on the feedback from the 35 key stakeholders:

- **Key stakeholders noted that San Diego has a true HIV/AIDS housing continuum**, enabling providers to house many people living with HIV/AIDS who are experiencing everything from emergency needs to high-level medical care needs. However, there are simply not enough of these resources, and many people living with HIV/AIDS are unable to get the housing assistance they need.
- **Many key stakeholders cited the importance of adding additional permanent independent housing units to the existing housing stock.** Most key stakeholders advocated for using HOPWA development funds to secure units integrated into the community for people who are able to live on their own. Stigma about HIV-only housing was cited by many key stakeholders as a reason for the need for integrated housing options. Ideas included set-asides in larger affordable housing projects and master leasing of multiple units in apartment buildings.
- **Key stakeholders also advocated for continued support and increased access to housing assistance programs** such as the HOPWA-funded Tenant-Based Rental Assistance (TBRA), Section 8 Housing Choice Vouchers, and the Ryan White-funded Partial Assisted Rent Subsidy (PARS) program. Each of these programs were noted to be vital to the ability of people living with HIV/AIDS to afford the rising housing costs in San Diego County immediately, as opposed to the amount of time needed to develop housing units.
- **Key stakeholders indicated that increased access to supportive housing programs was necessary as well.** Many people living with HIV/AIDS are unable to live independently due to behavioral and/or physical health issues. These programs, including transitional, permanent, and Residential Care Facilities for the Chronically Ill (RCF-CI), are often more costly to operate than other programs, yet are less costly than not meeting consumers' needs and forcing them to rely on emergency systems of care. Key stakeholders indicated that while some people living with HIV/AIDS prefer to live independently, many need the support these programs provide. In addition, key stakeholders indicated that more Shelter Plus Care vouchers are needed. This program provides rental assistance vouchers and off-site supportive services.

- **Key stakeholders indicated the location of housing is extremely important.** Regarding rental assistance vouchers, the only affordable housing is often in neighborhoods with crime and drug activity and some people had difficulty finding a unit to rent at the Fair Market Rent that also passes Housing Quality Standards (HQS). In the development of units, key stakeholders emphasized the importance of finding locations near medical care, support services, stores, and public transportation.

Recommendations

This section includes recommendations developed by the Steering Committee at the October 6, 2004 meeting. A list of meeting attendees is available in ***Appendix 1***.

The Steering Committee for the *San Diego County HIV/AIDS Housing Plan Update 2004* met on October 6, 2004 to develop recommendations to address the issues identified by people living with HIV/AIDS and by key stakeholders. This meeting was the culmination of a five-month community-based planning process addressing the housing needs of people living with HIV/AIDS in San Diego County.

The recommendations developed by the committee will assist the County of San Diego, Department of Housing and Community Development (HCD) in their decision-making regarding the Housing Opportunities for Persons with AIDS (HOPWA) program. The recommendations will also assist AIDS housing stakeholders and funders to meet the increasing need for housing assistance identified by the *2004 HIV/AIDS Needs Assessment*, conducted by San Diego County, Office of AIDS Coordination (OAC), and by this HIV/AIDS housing plan update.

The issues identified in the preceding two sections—"Issues Identified by People Living with HIV/AIDS" and "Issues Identified by Key Stakeholders"—served as the foundation for recommendations development. The recommendations listed in this section are the direct outcome of brainstorming, strategizing, and consensus-building at the October 2004 Steering Committee meeting. The recommendations have not been prioritized. Steering Committee members agreed that prioritization of these recommendations may be necessary and would be discussed at future Joint City-County HIV/AIDS Housing Committee meetings.

The recommendations are organized into two categories:

- HOPWA-related recommendations to HCD
- Non-HOPWA-related recommendations

HOPWA-Related Recommendations to HCD

The Steering Committee recommends that HCD continue to fund existing HOPWA activities to ensure ongoing provision of these services to people living with HIV/AIDS in San Diego County. Additionally, the Steering Committee recommends that HCD consider facilitating further prioritization of existing HOPWA-funded activities if HOPWA funding levels decrease in the future.

The Steering Committee recommends that HCD monitor and evaluate existing HOPWA-funded providers by:

- Requiring HOPWA-funded providers to prepare and distribute an annual report summarizing outcomes of HOPWA-funded programs

- Using existing data to project the need for each type of housing assistance (including emergency, short-term rental assistance, transitional housing, permanent independent and supportive housing for the dually diagnosed, and Residential Care Facilities for the Chronically Ill facilities) currently funded in the region

The Steering Committee recommends that HCD increase access by people living with HIV/AIDS to HIV/AIDS-dedicated housing and non-HIV/AIDS-dedicated housing by:

- Coordinating regular facilitated discussions with HOPWA-funded providers, people living with HIV/AIDS, and non-HIV/AIDS-dedicated housing and services providers to ensure that providers and consumers have current information about all available housing and services programs and to address barriers to accessing units set aside for people living with HIV/AIDS
- Broadening existing information and referral services, which include annual updates to a resources guide and listings of available apartments, to encompass information sharing on HCD and OAC web sites

The Steering Committee recommends that HCD explore opportunities to expand the long-term HOPWA Tenant-Based Rental Assistance (TBRA) program.

The Steering Committee recommends that HCD seek additional opportunities to add affordable housing resources, particularly permanent independent, permanent supportive, and Residential Care Facilities for the Chronically Ill facilities, to the local continuum by:

- Partnering with other organizations such as the San Diego Housing Federation and/or the Corporation for Supportive Housing to host a series of discussions with developers, providers, consumers, business leaders, and other stakeholders to market and identify potential uses of funds currently available for permanent housing development and to identify potential incentives to create set-aside units for people living with HIV/AIDS
- Considering non-development options, such as set-asides, master leasing, and lease buy-downs
- Ensuring that new affordable housing options are located in safe, convenient neighborhoods

The Steering Committee recommends that HCD explore the feasibility of developing a roommate or shared housing program for people living with HIV/AIDS to help compensate for the rising housing costs in San Diego County.

The Steering Committee recommends that HCD pursue the development of a "shallow rent subsidy" program if HUD regulations are changed in the future to allow this type of program.

Non-HOPWA-Related Recommendations

The Steering Committee recommends that HCD increase awareness of housing authority preferences for people with disabilities in housing assistance programs.

The Steering Committee recommends that HCD disseminate the findings and recommendations of this HIV/AIDS housing plan update to agencies coordinating other relevant local housing and services plans and reports.

San Diego County HIV/AIDS Housing Plan Update 2004

Appendices

November 2004

The research, development, and publication of this plan was funded by the Housing Opportunities for Persons with AIDS (HOPWA) National Technical Assistance Program in partnership with the U.S. Department of Housing and Urban Development's Office of HIV/AIDS Housing. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of the statements and interpretations contained in this publication. Such interpretations do not necessarily reflect the views of the Government.

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Appendix 1: Steering Committee Meeting Notes

A list of attendees and meeting notes are included in the appendix for each of the Steering Committee meetings that occurred during the needs assessment process.

June 2, 2004

Attendees

Luis Abarca	*Center for Social Support & Education*
St. Clair Adams	*San Diego HIV Planning Council*
Jim Cassidy	*Being Alive*
Marc D'Hondt	*Stepping Stone of San Diego, Inc./Joint HIV Housing Committee Member*
Carlos C. de Baca	*San Diego Housing Commission/Joint HIV Housing Committee Member*
Jon P. Derryberry	*Townspeople, Inc.*
Matthew Doherty	*Corporation for Supportive Housing*
Geneva Ellis	*University of California, San Diego, Mother, Child & Adolescent Program (MCAP)*
Julio C. Mauricio	*PACTO Latino AIDS Organization*
Alan Palmer	*Family Health Centers of San Diego*
Tito V. Ramirez	*PACTO Latino AIDS Organization*
Tim Smith	*San Diego County, Office of AIDS Coordination*
Jerry Yeager	*Being Alive*

County of San Diego, Housing and Community Development: Lisa Contreras and Mika Rollin
AIDS Housing of Washington: Mark Putnam

Welcome and Introductions

Lisa Contreras welcomed everyone to the meeting, and discussed the purpose for the needs assessment. She indicated that the result of this process would be a document that would guide the County in its decision-making regarding the Housing Opportunities for Persons With AIDS (HOPWA) program.

Mark Putnam then introduced himself as a representative of AIDS Housing of Washington, the organization hired by the County to facilitate the needs assessment process.

AIDS Housing of Washington Overview

Mark provided information about AIDS Housing of Washington, including its role in Seattle as an HIV/AIDS housing developer and its history of working in San Diego County, including the development of the 1999 HIV/AIDS housing plan.

San Diego County HIV/AIDS Housing Plan Update Overview

Mark then directed the committee to review its packets of information on the needs assessment process. He spoke and answered questions related to the role of the Steering Committee, consumer input, and provider feedback.

Mark indicated that consumers would be involved in the process through focus groups and participation in the Steering Committee. It was noted that this needs assessment would also summarize the findings from the Ryan White survey conducted this spring. Therefore, no separate housing survey would be conducted.

Mark also requested that members provide a list of key stakeholders by June 11th. Interviews with key stakeholders will begin during the week of July 5th.

A question was raised about the 1999 recommendations, and their level of successful implementation. Lisa Contreras indicated that she would conduct research on this issue and present her findings to the committee in July.

Mark led a discussion about consumer focus groups. He indicated that he would be holding 3-4 groups, and that it was the committee's decision as to whom he met with. The committee brainstormed the following groups:

- Women (2nd Tuesday, Christy's Place)
- Gay Latino/Monolingual Spanish (PACTO, Wednesday 4:00 and 6:30pm)
- Substance Abusers (Stepping Stone, North County)
- Youth involvement (UCSD/Christian's Groups)
- Homeless (CSSE, Tue/Wed)
- Gay men
- Family group

Then, the Steering Committee determined that the 4 focus groups would be:

- Family/women with children
- Homeless
- People of color
- Gay/bi-sexual men

The Committee also determined that questions could be submitted to other existing support groups, such as youth groups and gay Latino male groups, and their responses could be included in the report.

Mark then asked the Committee to indicate the outcomes they were seeking from this planning process. Feedback included:

- Housing history of participants
- Plan and guidance for providers
- Prove/demonstrate impact of housing on health stability
- Ensure that strategies are presented in other community plans
- Strategies for implementing and monitoring
- Standards of care/housing
- Guide County in allocating HOPWA money

- Barriers to housing
- Average rent information/average time in program
- Compare MFI of general population with that of PLWA
- Use AHW resources to learn about successes/deficits in other parts of U.S.
- Determine the housing products that are needed, including bedrooms, amenities, location, housing type, etc.

Next Steps/Timeline

Mark and Lisa closed the meeting by noting that the next meeting would be held July 7th, also at the Rosecrans Street location.

July 7, 2004

Attendees

Luis Abarca	*Center for Social Support & Education*
St. Clair Adams	*San Diego HIV Planning Council*
Jim Cassidy	*Being Alive*
Patti Hamic-Christensen	*Community Housing Works/Joint HIV Housing Committee Member*
Terry Cunningham	*San Diego County, Office of AIDS Coordination*
Marc D'Hondt	*Stepping Stone of San Diego, Inc./Joint HIV Housing Committee Member*
Carlos C. de Baca	*San Diego Housing Commission/Joint HIV Housing Committee Member*
Geneva Ellis	*University of California, San Diego, Mother, Child & Adolescent Program (MCAP)*
Verna Grant	*Center for Social Support & Education*
Molly Henry	*Fraternity House*
Julio C. Mauricio	*PACTO Latino AIDS Organization*
Mirna Mejia	*South Bay Community Services*
Karen Waters-Montijo	*San Diego County, Office of AIDS Coordination/Joint HIV Housing Committee Member*
Alan Palmer	*Family Health Centers of San Diego*
Sheri Pasanen	*Community Connection*
Marie Pedrin-Gizoni	*San Diego HIV Planning Council/Joint HIV Housing Committee Member*
Tito V. Ramirez	*PACTO Latino AIDS Organization*
Cheri Sellers	*St. Vincent de Paul, Josue Homes*
Rick Siordian	*Council of Community Clinics/Joint HIV Housing Committee Member*
Chris Thomas	*Stepping Stone of San Diego, Inc.*
James Yarrell	*Community Member*

County of San Diego, Housing and Community Development: Lisa Contreras and Mika Rollin
AIDS Housing of Washington: Mark Putnam

Welcome and Overview of Agenda

Mark Putnam welcomed everyone to the meeting, and introduced himself as a representative of AIDS Housing of Washington, the organization hired by the County to facilitate the needs assessment process. He then briefly went over what would be covered in the present meeting:

- Review of timeline
- Key stakeholder input
- Consumer input
- Progress on 1999 recommendations

Mark then went over the notes from the previous meeting, held on June 2, and asked if there were any questions or concerns. No questions or concerns were raised.

Review of Timeline

Mark then informed the attendees that future committee meetings would be held August 4th and October 6th from 10:00 a.m. to 12:00 p.m. Mark discussed the possibility of making the October 6th meeting a four-hour meeting in order to get the recommendation phase completed.

Key Stakeholder Input

Mark then informed the committee of his meeting schedule for the next few days, including meetings with different providers and a focus group of people living with HIV/AIDS.

Terry Cunningham of the Office of AIDS Coordination indicated that he wanted the plan to address the future of the Partial Assistance Rent Subsidy (PARS) program. He stated that the program is funded with Ryan White CARE Act funds, which cannot be used to provide housing assistance for more than two years. Terry indicated that these funds were being used for more than two years, and that this issue needed to be discussed and addressed at some point in the planning process.

Terry also stated that he felt that the idea that "housing is health care" needed to be emphasized in the plan.

Consumer Input

Mark informed the committee of how the consumer community would be contributing to the planning process in focus groups and attendees of meetings. He informed the Steering Committee that there had been a meeting of consumers prior to the Joint HIV Housing Committee meeting at 9 a.m. that morning.

During the discussion on consumer input, the importance of equal representation of consumers and housing needs throughout the county was brought up by a committee member. In response to this, Mark suggested that the Ryan White needs assessment could be utilized to get information about housing needs from all areas of the county. Mark was informed that there were currently a number of support groups in North County and that these could be utilized for gathering housing needs information. Mark indicated that a focus group would be organized for August in North County.

It was also suggested that a glossary of acronyms and terms be included in the plan update to increase readability for people who are not familiar with commonly used terms in the AIDS housing field.

Discuss Progress on 1999 Recommendations

Lisa Contreras then reviewed the progress on the 1999 Strategic Plan Recommendations. She reviewed each of the 31 recommendations from the 1999 plan, indicating which recommendations had seen progress and which had not. Lisa indicated that much progress had been made, including adding new units and programs, but that they had not been successful in some ventures, such as building another RCF-CI in the county.

Lisa also indicated that she would provide a copy of the current NOFA for housing development funds to committee members at the next meeting, to be held August 4th.

Next Steps

Mark then finished the meeting by reminding the committee of upcoming Strategic Plan meetings on August 4th and October 6th. He also mentioned that in the next meeting, different AIDS housing opportunities such as HOPWA and federal programs would be discussed. It was requested that a copy of monetary allocations for HOPWA be brought to the next meeting. Mark thanked everyone for their attendance and closed the meeting.

August 4, 2004

Attendees

St. Clair Adams	*San Diego HIV Planning Council*
Mary Arita	*Center for Social Support & Education*
Smiley Arroyo	*Community Member*
El Bissara	*Community Member*
Jim Cassidy	*Being Alive*
Patti Hamic-Christensen	*Community Housing Works/Joint HIV Housing Committee Member*
Marc D'Hondt	*Stepping Stone of San Diego, Inc./Joint HIV Housing Committee Member*
John Derryberry	*Townspeople, Inc.*
Autumn Doberman	*Family Health Centers*
Matthew Doherty	*Corporation for Supportive Housing*
Geneva Ellis	*University of California, San Diego, Mother, Child & Adolescent Program (MCAP)*
Molly Henry	*Fraternity House*
Mikie Lochner	*AIDS Activist*
Dan O'Shea	*San Diego County, Office of AIDS Coordination*
Alan Palmer	*Family Health Centers of San Diego*
Jim Quigley	*Family Health Centers of San Diego*
Tito V. Ramirez	*PACTO Latino AIDS Organization*
Amaris Sittinger	*South Bay Community Services*
Tim Smith	*San Diego County, Office of AIDS Coordination*
Chris Thomas	*Stepping Stone of San Diego, Inc.*

County of San Diego, Housing and Community Development: Lisa Contreras and Mika Rollin

AIDS Housing of Washington: Mark Putnam

Welcome and Overview of Agenda

Lisa Contreras started the meeting with a welcome to all attendees and a short explanation of the purpose of the meeting. Mark Putnam briefly discussed the importance of the next and final meeting of the Steering Committee, on October 6th. Mark stated that during that meeting, attendees would discuss the findings from the needs assessment and develop priorities for HOPWA funding and strategies for increasing housing opportunities for people living with HIV/AIDS.

2004 HIV/AIDS Needs Assessment Survey Results

Dan O'Shea from the Office of AIDS Coordination presented the Final Results from the 2004 HIV/AIDS Needs Assessment. Dan emphasized the results from the survey which related to housing. Dan indicated that housing needs were among the highest priority needs for consumers. In the process, Mark asked for an estimate of how many people are living with HIV in San Diego County. Dan answered that he estimated from the survey results and reported cases that there are approximately 13,000 people living in San Diego County with HIV and of these, 11,000 are aware that they have HIV. Mark indicated that some of the survey results would be summarized in the HIV/AIDS housing plan.

HIV/AIDS Housing Plan Update

Mark then gave an update on planning activities. He informed the attendees that he and Lisa Contreras had met in June and July with approximately 40 staff from housing and services providers. Additionally, three focus groups had been organized and held. Mark and Lisa met with 41 people among 3 focus groups including: homeless, women, and people of color. A meeting with the gay/bisexual focus group was planned for August 4th.

Mark then summarized the findings from consumer focus groups. The findings included:

- Housing costs are too high
- Stress from searching for housing
- Need rental assistance
- Women with children
- Hard to find units large enough for family and yet is affordable
- Safe housing
- Credit history can be a barrier to finding housing
- Owners raise rent without fixing up the units

Mark then summarized the findings from key stakeholder meetings (with providers). The findings included:

- Housing costs
- Affordable land
- Location close to needs
- Apartment to condo transitions
- An overall need to maintain current housing and add to all types of housing
- Emphasis on getting assistance *now* to people with HIV/AIDS
- Mental health/substance abuse issues
- Possible preference to people with HIV/AIDS on waiting lists? (Section 8, etc.)

Inventory of AIDS Housing and HOPWA Funding in San Diego County

Mark then provided an inventory of existing housing units in San Diego County and asked committee members for their edits.

Lisa provided an overview of the HOPWA program. She noted that HOPWA funds five categories of assistance in San Diego County, including long-term rental assistance, support services, operational costs, information and referral, and development. Lisa then passed out the new allocations form HUD for next year and noted that there was not a significant change in allocations from the previous year.

Mark then distributed an overview of federal funding sources beyond HOPWA and Ryan White for housing. Matthew Doherty, from CSH, informed committee members that he would send them an email with information about funding sources for housing development in the state of California.

Next Steps

Mark provided a brief preview of the October 6th meeting. He indicated that it would be held from 10:00 a.m. to 2:00 p.m. with lunch provided. Lisa requested that from that meeting she wants to bring back to HCD's director, Catherine Trout, 10 solid recommendations for the San Diego County HOPWA program. The meeting ended with Mark thanking everyone for their presence.

October 6, 2004

Attendees

Jefforey Best	*Stepping Stone of San Diego, Inc*
Julie Cart	*St. Vincent de Paul, Josue Homes*
Jim Cassidy	*Being Alive*
Camey Christenson	*St. Vincent de Paul, Father Joe's Villages*
Matthew Doherty	*Corporation for Supportive Housing*
Geneva Ellis	*University of California, San Diego, Mother, Child & Adolescent Program (MCAP)*
Molly Henry	*Fraternity House*
Rich LeMay	*Mercy Gardens*
Julio C. Mauricio	*PACTO Latino AIDS Organization*
Kevin D. McClure	*Neighborhood House Association*
Bernie Nofel	*PACTO Latino AIDS Organization*
Alan Palmer	*Family Health Centers of San Diego*
Tito V. Ramirez	*PACTO Latino AIDS Organization*
Lynn Riggs	*NAMI San Diego*
Manuel Rubio	*Neighborhood House Association*
Doug Samoulis	*Townspeople, Inc.*
Miella Schwartz	*St. Vincent de Paul, Father Joe's Villages*
Tim Smith	*San Diego County, Office of AIDS Coordination*
Rosalva Vasquez	*University of California, San Diego, Mother, Child & Adolescent Program (MCAP)*
Carol Wotter	*St. Vincent de Paul, Josue Homes*
James Yarrell	*Community Member*
Holly Younghas	*Neighborhood House Association*

County of San Diego, Housing and Community Development: Amanda Mills, David Estrella, Lisa Contreras, James Bliss, and Alma Blackman

AIDS Housing of Washington: Mark Putnam

Welcome and Introductions

Lisa Contreras welcomed everyone to the meeting and introduced Amanda Mills, Assistant Director of Housing and Community Development (HCD). Amanda spoke to the committee of the importance of the meeting and of their participation in the development of the plan and particularly the recommendations. She stated that this was an important initiative for HCD and that this plan would guide HCD in the allocation of HOPWA funds over the next five years.

Mark Putnam requested that each member introduce themselves. He then reviewed the agenda.

Presentation of HIV/AIDS Housing Plan Findings

Mark then reviewed the draft plan and appendices with the committee. He noted each section of the plan and pointed out particular findings from the "Issues Identified by People Living with HIV/AIDS" and "Issues Identified by Key Stakeholders" sections.

Participants noted that they were pleased with the plan and that the findings aligned with their understanding of HIV/AIDS housing issues in San Diego County.

Development of Strategies to Increase Housing Opportunities for Persons with HIV/AIDS

Mark emphasized that the goals of the meeting were twofold: (1) to provide HCD with recommendations to guide their administration of the HOPWA program; and (2) develop viable strategies to increase housing opportunities for people living with HIV/AIDS in San Diego County.

Mark asked each committee member to review the plan findings section for 5-10 minutes and note the issues that they felt were most significant. He then asked the group to work in 4 small groups. Each group was instructed to develop up to 4 recommendations to HCD regarding the HOPWA program.

Seventeen recommendations were developed and presented to the entire committee by representatives of the small groups. Mark then asked for suggestions for combining recommendations. Additionally, Mark asked the group to develop non-HOPWA-related recommendations for inclusion in the plan.

Following much discussion, the committee agreed on 11 recommendations. The following list of recommendations includes the exact language of the recommendations developed by the Steering Committee. The committee instructed Mark to develop 11 coherent recommendations from the following:

Recommendation #1:

- Explore creative ways to access services.
- HCD needs to recognize the lack of connection among housing and HIV providers and explore ways to connect them so that information is shared: possible to include a liaison, assistance with advocacy to landlords, assistance in completing housing applications, etc.
- Broaden the existing information and referral services to encompass advocacy for consumers (expand this recommendation to include non-HIV/AIDS programs; HCD should have calendar/notices on web site and coordinate notices with Ryan White OAC web site).
- HCD should require existing permanent housing HOPWA providers to participate in a series of facilitated discussions with other providers, consumers, and advocates to address barriers to accessing units set aside for people living with HIV/AIDS.

Recommendation #2:

- Expand long-term rental assistance programs.
- HCD should continue with the voucher program and look for ways to expand it to serve as a long-term subsidy to the "right" people.

Recommendation #3:

- HCD should provide funds to assure that information about all their programs is well-known to providers as well as current (1-2 trainings per year; updated resource guides, etc.); include housing developers in trainings and discussions.

- Require regular interaction among HOPWA service providers, specifically front-line staff, to ensure the smooth flow of service provision.
- HCD/HOPWA providers should prepare and distribute an annual report summarizing outcomes of HOPWA-funded programs and analysis of identified gaps within the existing continuum (based on outcomes, deeper analysis of Ryan White survey data, other data).
- Project need for various types of housing based on existing data.

Recommendation #4:

- Fund rehabilitation costs for available buildings in safe neighborhoods in San Diego for permanent housing for people living with HIV/AIDS.
- Developers need incentive to create set-aside units for people living with HIV/AIDS.
- HCD should partner with other organizations (San Diego Housing Federation, Corporation for Supportive Housing, The Center) to host a series of discussions with developers, providers, consumers, business leaders, and other stakeholders to market and identify potential uses of development funds currently set aside for permanent housing development.

Recommendation #5:

- HCD should look creatively at increasing the number of units available (e.g., master leasing).
- Increase the number of permanent, affordable "set-asides" for people living with HIV/AIDS, while enforcing effective and appropriate unit management.
- Partner with private developers to provide affordable housing within housing market.
- Create new RCF-CI.
- Increase permanent supportive housing for dual-diagnosis.

Recommendation #6:

- HCD should explore the concept of shared housing/roommates/homeshare (like the rest of San Diego!).

Recommendation #7:

- Create a "carve-out," or preference, for people living with HIV/AIDS, affording them a higher priority on Section 8 waiting lists.

Recommendation #8:

- HCD should prioritize renewal of existing HOPWA-funded activities to help ensure those activities can sustain current operations.

Recommendation #9:

- If "shallow rent subsidy" programs become an eligible HOPWA activity, HCD should implement such a program with HOPWA funds.

Recommendation #10:

- HCD should increase its advocacy role locally, statewide, and federally to increase affordable housing opportunities for all people earning low incomes, including people living with HIV/AIDS.

Recommendation #11:

- Ensure that plan findings are represented in other local plans.

Next Steps

The Steering Committee expressed an interest in discussing the current HOPWA allocations and setting priorities for existing programs. It was agreed that this meeting was not the forum for this discussion, and that it could be done in the future by the Joint City-County HIV/AIDS Housing Committee.

Mark and Lisa thanked the group for their hard work, and noted that this was the last meeting of the planning process. Mark indicated that comments on the draft plan were due by October 15th. However, the recommendations section was to be sent out to the Steering Committee in the next couple of weeks for review.

Appendix 2: Focus Group Summaries

Focus groups of people living with HIV/AIDS were held throughout San Diego County. Local case managers and AIDS service providers assisted the organization of the focus groups. Participants received a $10 stipend for participating.

Currently/Recently Homeless Persons Focus Group

Location: Center for Social Support & Education (CSSE), San Diego, CA

Date: July 7, 2004

Interviewer: Mark Putnam, AIDS Housing of Washington

Participants: 11 currently or recently homeless men and women from San Diego County

Participant Demographics

Gender Identification: Eight men and three women, including one transgender (male to female)

Racial Identification: 5 Hispanics/Latinos, 3 Whites/Caucasians, and 3 Blacks/African Americans

Current Housing Situation

Participants were asked to introduce themselves and to describe their current housing situation:

- Lives with daughter and mother in hotel and looking for apartment. Need help searching for housing and with credit issues.
- Lives alone in emergency housing (motel) that is of poor quality. There are lots of drug addicts nearby. It is clean, but drug dealers are everywhere. Lived on the streets prior to this housing. Would like to move into Josue House.
- Lives alone in emergency housing (motel). Has had good experience living there and appreciates that it is clean.
- Lives alone in emergency housing (motel) and feels that it is a scary place. Would prefer to live downtown, but feels that poor people are being weeded out of the area.
- Lives alone in emergency housing (motel). Before that, lived in transitional housing and was working but not earning enough. Feels that there is not enough housing that is affordable even if you are working. It is hard to keep doctor appointments and regular schedules. Feels there is nowhere to go after emergency housing time limit is up. Landlords won't rent to him due to credit and doesn't meet income criteria.
- Living with kids and paying $800 for 1.5 bedrooms. Receives assistance from CSSE through the Shelter Plus Care program.

- Lives alone. Receives assistance from CSSE through the Shelter Plus Care program. Works in restaurant and earns $800-$900/month. Does not earn enough, and often struggles with losing jobs. At times, is prostituting to make ends meet but does not want to do so. Had to move back to Mexico to live with family but was shunned.
- Staying in a sober living environment and paying $390/month for rent. The unit is not clean enough to be suitable for people with HIV.
- Lives alone in emergency housing (motel). Looking for full-time work.
- Staying temporarily with a friend in a motel for a while. Would like to stay in hotel nearer to CSSE.
- Lives in Casa Truax, in a HOPWA-funded transitional home.
- Lives in Balboa Park (is currently homeless). Cannot find work despite having education.

Housing Needs and Experiences

Participants indicated a variety of needs and experiences related to searching for and keeping housing, including:

- Signing up for Section 8 waiting lists is not easy. The lists are often closed, and you need to sign up separately at the County and City to get on both lists.
- When searching for housing, landlords require applicants to pay for credit checks. Since many people with HIV have poor credit, many consider it futile to apply for housing at buildings where credit checks are conducted.
- Every hotel that accepts emergency vouchers is drug-infested.
- Housing programs have many rules and are very strict.
- Some housing programs just want your money.
- Housing that is close to transportation is important.
- Many housing programs have drug screening.
- Transgender people get rejected by gays as well as straight people.
- Hard to find dedicated case managers.
- Hard to go to agency and say you're HIV-positive and ask for help. Getting treated poorly is hard and terrible.
- There should be more case managers who are also consumers.
- Waiting lists are very long: "By the time you get called…I mean, really."

Housing Preferences and HOPWA Funding

Participants were asked for their suggestions for improving existing housing programs and for their preferences for new housing programs. Responses included:

- Rent control is needed as people being weeded out of downtown by increasing rental costs.
- Need a place for people with social phobias
- Need dual diagnoses housing
- Need something better than just emergency housing, although that is important too.
- Housing programs that that are not being successful need to prove themselves or lose funding.

People of Color Focus Group

Location: PACTO Latino, San Diego, CA

Date: August 2, 2004

Interviewer: Mark Putnam, AIDS Housing of Washington

Participants: 10 people of color from San Diego County

Participant Demographics

Gender Identification: 5 women, including 1 transgender (male to female), and 4 men

Racial Identification: 9 Hispanics/Latinos and 1 Black/African American

Current Housing Situation

Participants were asked to introduce themselves and to describe their current housing situation:

- Lives in housing program for HIV-positive people and has since January 2004. Previously, was homeless. Health was poor while homeless. Lives with three other people at a transitional housing program run by PACTO Latino. Wants to move soon in the same neighborhood. Hard to find housing at current prices.
- Living in brother's house with his brother's family in Southeast San Diego and has for past year. Rent is low, but wants space of his own because it feels like an intrusion. Feels strength to live apart but costs are too high. Earns disability income.
- Lives in emergency housing motel in Central San Diego with funding from CSSE. Has lived in the U.S. since 1993. Applied for political asylum but did not get. Wants help with housing. Lives in CSSE.
- Lives in emergency housing motel in Central San Diego with funding from CSSE. Lives with daughter who is also HIV-positive.
- Lives in Hillcrest with partner and has for 2 years. Previously, lived in hotels and prior to that was homeless in Mexico. Is bipolar. Fears being homeless again. Earns SSI plus a little extra income. Can't make ends meet with SSI because rent is $625. Applied for Section 8 but they told him 2 more years on wait list. Needs a place to live because in two months they are dozing current apartment building to build condos. Born here in U.S., but left for 13 years and came back weighing 86 pounds and was hospitalized for 3 months.
- Lives in El Cajon City and has for thirteen years. Has an 11-year old girl who is also HIV-positive. Would like to move because landlord does not provide good maintenance, but rents are too high.
- Lives in Escondido with Mom. Would like to work but cannot find a job, and rent keeps increasing. Transportation to appointments in San Diego is difficult. Fears health will worsen due to stress related to housing and finances.
- Lives in Casa del Sol and has been there for 5 months. Health is poor due to AIDS. Needs to be able to recover soon in order to move out and be able to work and live permanently on own.
- Lives with partner (in attendance) and three kids. Receives assistance from CSSE through the Shelter Plus Care program and receives SSDI. Health has gotten worse with S+C because they require you to go to too many meetings. Meetings have been hard to go to with kids. Went to San Marcos to apply for housing program there but it was too expensive ($900).

Positive Characteristics of Current Housing Situation

Participants were asked to indicate the positive characteristics of their current housing situations. Responses included:

- The program (PACTO) is very understanding and helpful.
- Family now knows his/her HIV status and provides support, but it feels like an imposition to live with them.
- Casa del Sol is good for people who are ill and have nothing.
- Large unit in nice neighborhood (5 beds, 2 bath).
- Lives with partner, which is important, doesn't do well alone.
- Lives near doctor and support services.
- Rent is cheap.
- Lives in neighborhood that accepts transgendered, but still cannot open up about HIV.
- "I still struggle but at least I have my place, not a hotel."
- "Only positive about my apartment is that it's cheap!"

Negative Characteristics of Current Housing Situation

Participants were asked to indicate negative characteristics of their current housing situations. Responses included:

- Current apartment building is going to be demolished soon.
- Quality of housing is poor and not healthy particularly for a person with HIV/AIDS (mold, rats, etc.).
- Children are not allowed to play in the complex area, and there is no playground nearby.
- Every 6 months rent goes up $50, which makes situation unbearable. Rent has gone from $400 per month four years ago to $850 per month.
- Not allowed to have pets and don't like being alone.
- There is a locked gate at building, so other tenants have to let deliveries in, which limits privacy when food is delivered from an HIV/AIDS agency.
- Motel is drug-infested, so you have to stay inside to avoid problems. The solution is to keep to yourself.
- The rent is too high. It's hard to earn enough to pay rent, and rents go up all the time.
- Landlord is nosy.
- Would like to move because landlord does not provide good maintenance, but rents are too high. Good quality housing is expensive.

Experience Looking for Housing

Participants were asked to describe their experiences looking for housing. Responses included:

- Stress of looking for new place is hard. Not sleeping well, losing weight, and becoming more depressed.
- Can't get Section 8 due to arrest for prostitution, which happened due to not being able to find a job.
- Managers don't want to give you appointment if you have SSI. Dampens outlook, you lose energy.
- Credit history is checked by many landlords, and if you don't have a bank account or credit card then it is considered bad credit. Many undocumented people do not have credit histories at all.

- Unpaid bills cause problems later when trying to move.
- Difficult to get credit as transgender. Social Security number has man's name.
- Landlords worry about prostitution when renting to someone with a criminal history of prostitution.
- Effects of medications for AIDS are changing appearance, so people know they are HIV-positive and discriminate against them.
- Many landlords require that an applicant earn three times as much as the rent per month.
- Language is also a barrier for Spanish speakers when searching for housing. If lucky, have bilingual case manager, but if not it is a problem when communicating with landlords.
- Deposits are so expensive upon move-in that it's hard to move.
- Had good experience in San Marcos looking for housing at Sierra Vista (set-aside unit for people living with HIV), but rent was $900, too high. Apartment was nice.
- Cost of housing is higher in Hillcrest, where many gay and lesbian people live and feel most comfortable.
- More programs/housing for disabled are needed. Everywhere has a waiting list.
- Due to health, it's hard to even look for housing.

Housing Preferences and HOPWA Funding

Participants were asked for their suggestions for improving existing housing programs and for their preferences for new housing programs. Responses included:

- More of all programs are needed, including rental assistance and homes. People with AIDS are ending up homeless. Many services and programs are being cut.
- Need housing for people leaving incarceration.
- Time should be reduced for when a person regains eligibility for housing after felony conviction.
- More vouchers are needed because there is a long waiting list.
- Empty buildings need to be converted into apartments.
- Instability of health makes it difficult for every person with HIV. Have needs for services at times, other times I have no needs for services.
- "We (immigrants) come here to work and we don't want government to support us. We're just in a phase of our lives where we need help due to bad health. We don't have the advantages that natives do. We just want to work and be able support ourselves and our families."

Persons in Families with Children Focus Group

Location: University of California, San Diego, Mother, Child & Adolescent Program (MCAP), San Diego, CA

Date: August 3, 2004

Interviewer: Mark Putnam, AIDS Housing of Washington

Participants: 20 persons in families with children from San Diego County, including 2 adolescents

Participant Demographics

Gender Identification: 18 women and 2 men

Racial Identification: 11 Hispanics/Latinos, 6 Whites/Caucasians, and 3 Blacks/African Americans

Current Housing Situation

Participants were asked to introduce themselves and to describe their current housing situation:

- Lives near San Diego State University with son. Is receiving assistance through the Shelter Plus Care program. Previously, lived in shelter. Has lived there for 4 months.
- Lives with fiancé and daughter in El Cajon City. Is back on Section 8 wait list, but may not need assistance and may not be eligible when names comes up on list because fiancé makes too much money. Has lived there for 2.5 years.
- Lives near University Avenue in senior living program, but is not a senior. Has been on waiting lists for HOPWA and Section 8 since 1999. Has lived there for 2 years.
- Lives in La Posada Apartments with 3 kids. Has a two-bedroom unit with 1.5 bath. Has lived there for 9 months.
- Lives in East San Diego alone. Has a two-bedroom unit, but will soon move to one-bedroom. Receives Section 8 assistance. Has lived for 3 years in current apartment.
- Lives in City Heights with 3 children, including one adolescent. Has lived there for 8 months.
- Lives in National City with daughter. Has lived there for 1.5 years.
- Lives in San Diego with son. Has a two-bedroom apartment. Pays 30% of income toward rent as part of the Shelter Plus Care program. Has lived there for 2 years.
- Lives in Central San Diego with another person. Has lived there for 10 years.
- Lives in National City with son in an apartment. Has lived there for 2 years.
- Lives in San Ysidro in a mobile home with another family (5 people total). Has lived there for 1.5 years.
- Lives in Central San Diego with uncle and one child in a one-bedroom apartment. Sleeps in living room. Has lived there for one year.
- Lives in National City alone. Used to live in a group home. Has lived there for about 7 months.
- Lives in Claremont with father (in attendance) and sister in a duplex apartment. Has lived there for 4 years.
- Lives in South Bay in a three-bedroom condominium with sister in-law, daughter, and husband. Has lived there for 10 months.

- Lives in Central San Diego in a duplex apartment with 6 other people, including four children and two adults. Has lived there for three years.
- Lives in Central San Diego with husband and three kids. Has lived there for 8 years.
- Lives in Lemon Grove with husband and one kid in an apartment. Would like a pet-friendly place. Has lived there for 7 years.
- Lives in Chula Vista with husband and 3 kids. Used to be at La Posada. Has lived in new housing for only 1 month.

Issues Specific to Women Living With HIV/AIDS

Participants were asked to relate their experiences as women living with HIV/AIDS and how they felt that differed from men living with HIV/AIDS. Responses included:

- Being female and a single parent, safety is a concern. Crime and drugs are rampant in affordable areas of the county.
- Landlord is nosy about things like child support.
- Different for women because women take on more responsibility than men to be caregivers for the children.
- There are more programs for single men than women with children.
- When looking for an apartment, landlord won't allow you to rent a studio if you have too many kids.
- HIV housing communities are mostly for single men who don't have kids and not for women with kids. At Marisol, for example, mostly gay men are living there.
- Women need more stable housing because they have children.
- Housing for women is too far away from clinic, from Central San Diego, and from services.
- Transportation is a problem. For undocumented people, it is difficult to get a discounted bus pass because they need your ID. Also, immigration officials are going on buses/trolleys and asking for papers.
- Women who are undocumented can't get into Section 8 and don't have that hope.
- Women are more interested in keeping HIV-positive status confidential for their kid's sake.

Positive Characteristics of Current Housing Situation

Participants were asked to indicate the positive characteristics of their current housing situations. Responses included:

- Likes managers because they fix things quickly.
- There is a washer/dryer in unit.
- Don't have to pay water separately because it is included in the rent cost.
- There is freedom; very few rules.
- There is a backyard and swimming pool for kids, although it is too small compared to the number of tenants in the building.
- There are activities for kids, which help to keep them out of trouble.
- Schools are nearby.
- Transportation is nearby.
- Area is quiet.
- Landlord knows HIV status and is okay with it.
- Landlord accepts rental assistance such as PARS.

- The cost is cheap ($625 for studio).
- There is security (gated community).

Negative Characteristics of Current Housing Situation

Participants were asked to indicate negative characteristics of their current housing situations. Responses included:

- Security of building and neighborhood crime (violence, drugs) make area feel unsafe, particularly for children.
- No windows in many rooms.
- The cost of housing is ever-increasing.
- There are cockroaches and mice in the house.
- Program is too strict. For example, you need approval for overnight guests and restrictions on where kids can play.
- There is no place for kids to play, and it's not safe for kids to ride bikes in parking lot area.
- It is a small space and is shared with other people, so it is very crowded.
- When housing repairs are needed, they either don't get done, or if they do get done, rents go up.
- Many landlords don't take Section 8.
- Don't like living in a group home setting.
- Meetings at La Posada are for HIV tenants only, which outs them as HIV-positive to the other tenants.
- "To live here is so expensive."

Experience Looking for Housing

Participants were asked to describe their experiences looking for housing. Responses included:

- Landlords require that an applicant earn three times the rent cost in income.
- There are more people looking for units than there are units in San Diego County.
- Some landlords ask for social security numbers and credit reports, which are barriers to people who are undocumented or if you have bad credit.
- Some people are employed but work under the table, and cannot provide proof of income to landlords.
- Landlords ask how many people are moving with you, which is a barrier if you have kids or other family living with you. Some landlords charge extra for more people.
- Seems like you can't have any income at all if you want to get housing assistance.

Housing Preferences and HOPWA Funding

Participants were asked for their suggestions for improving existing housing programs and for their preferences for new housing programs. Responses are ranked by the number of people who indicated they liked or wanted the type of assistance or program idea indicated:

- 11 participants said they preferred to have rental assistance, including 4 who specifically indicated they felt there should be more HOPWA vouchers because that program can help undocumented people.
- At least three participants expressed that San Diego County needs rent control. They felt that rental assistance was good, but rents go up frequently.

- Two participants would like more homeowner programs.
- Two participants would like emergency housing assistance for rent and utilities.

Gay/Bisexual Men in North County Focus Group

Location: Being Alive, North County, Oceanside, CA

Date: August 4, 2004

Interviewer: Mark Putnam, AIDS Housing of Washington

Participants: 4 gay/bisexual men living in North County.

Participant Demographics

Gender Identification: 4 men

Racial Identification: 3 Whites/Caucasians and 1 African American/Black

Current Housing Situation

Participants were asked to introduce themselves and to describe their current housing situation:

- Lives in Oceanside in Marisol. Has lived there for years. Was homeless prior to living there.
- Lives by himself in a rental apartment in North County (Carmel Ranch?). Pays $1,155 for a one-bedroom apartment and works 2 or 3 jobs. It is an okay place, but there are no decent, cheap apartments in the county. Has not tried to get housing assistance. Used to own but had to sell house.
- Lives in Oceanside with partner in an apartment near beach where he has lived for 9 years. Lives in a two-bedroom apartment. Rent has risen from $700 to $1,000 during that time. Works part-time.
- Lives with mother in Encinitas and has since moving from Florida a year ago. Rents are too high to allow him to move out at this time.

Positive Characteristics of Current Housing Situation

Participants were asked to indicate the positive characteristics of their current housing situations. Responses included:

- Landscaping is always good and that helps mentality.
- Neighbors are gay.
- Rent is free living with mom.

Negative Characteristics of Current Housing Situation

Participants were asked to indicate negative characteristics of their current housing situations. Responses included:

- No sense of community in apartment complex, and people are not friendly.
- With housing assistance, if you work, rent goes up, but if you lose job, the rent doesn't go back down.

- Hard to deal with increases in rent because disability income doesn't increase at the same rate.
- Having an absentee landlord means you have to fix problems in your unit.
- Other tenants use and sell drugs.
- No air conditioning.
- When Marisol first opened, people were so thankful and positive. Now it's becoming more negative– other residents don't care. Resident managers never stay very long, and they usually don't have experience with this population. More and more of the new residents have been homeless and have mental health and/or substance use issues, and it's changed the fabric of the community there.

Experience Looking for Housing

Participants were asked to describe their experiences looking for housing. Responses included:

- Large amount required for deposits, including two months of rent. Makes it difficult to move.
- Housing costs are so high.
- Utility costs are very high.
- Hard to find work when you have health limitations, which also limits housing options.
- Wants to own a house, but won't pay $500,000 for a fixer-upper.

Housing Preferences and HOPWA Funding

Participants were asked for their suggestions for improving existing housing programs and for their preferences for new housing programs. Responses included:

- The partial rent subsidy program (PARS) is a great help to people and can serve lots of people.
- HOPWA tenant-based rental assistance is great because people can live where they want.
- More affordable housing is needed for all populations, not just people living with HIV/AIDS.
- The new affordable housing project in Oceanside was nicely done (Oak Grove). Four units are set aside for people living with HIV/AIDS.
- Would not want to live in an HIV-positive community because it would bring him down.
- One participant said he'd live in an HIV housing facility if tenants took care of the place better.
- Being around other people living with HIV/AIDS who have similar concerns and problems is helpful.

Appendix 3: Executive Summary of the 1999 San Diego Countywide Strategic HIV/AIDS Housing Plan

The County of San Diego contracted with AIDS Housing of Washington, a Seattle-based nonprofit agency, to conduct a needs assessment and facilitate a planning process leading to the development of an HIV/AIDS housing plan. The needs assessment included: a review of relevant planning documents and epidemiological data; consumer focus groups; site visits to AIDS housing programs; a case manager survey; a survey of affordable housing and AIDS service organizations; and one-on-one interviews with key housing and service providers. In order to assess the housing needs and preferences of consumers, a survey was distributed throughout San Diego County to people living with HIV/AIDS who receive HOPWA assistance.

If you would like to receive a copy of the *1999 San Diego Countywide Strategic HIV/AIDS Housing Plan* and Appendices, please contact the County of San Diego Department of Housing and Community Development at (858) 694-8712.

Purpose of the Plan

The *San Diego Countywide Strategic HIV/AIDS Housing Plan* was initiated by the County of San Diego Department of Housing and Community Development (HCD) with the support of the HIV Housing Committee. HCD determined that a needs assessment, coupled with a Plan, would enable the community and its leaders to better understand HIV/AIDS housing issues, to measure the extent of need for housing assistance for people living with HIV/AIDS (PLWAs), and to determine the best course of action for alleviating the housing problems of PLWAs in the San Diego region.

Introduction

The availability of safe, affordable, and appropriate housing options has been a concern of advocates, service providers, and people living with HIV/AIDS in San Diego County throughout the epidemic. In recent years more households are indicating a need for ongoing or intermittent financial assistance to secure or maintain adequate housing.

The County of San Diego receives Housing Opportunities for Persons with AIDS (HOPWA) funding directly from the U.S. Department of Housing and Urban Development (HUD). The HOPWA program provides grant funds to state and local governments to design long-term, comprehensive strategies for meeting the housing needs of low-income people living with HIV/AIDS and their families. The County of San Diego Department of Housing and Community Development contracted with AIDS Housing of Washington (AHW) to provide leadership and consultation in a community-based needs assessment and planning effort.

This planning effort incorporated the input of a wide range of interested community members including people living with HIV/AIDS, representatives of AIDS services and housing organizations, housing developers, members of local government agencies, and the general public. Members of the *San Diego Countywide Strategic HIV/AIDS Housing Plan* Steering Committee reviewed local housing and

epidemiology data, distributed an HIV/AIDS housing consumer survey, identified target populations and arranged consumer and provider focus groups, and identified and affirmed critical issues and recommendations for inclusion in the plan. AHW provided data entry and analysis of the consumer, case manager, and provider survey data; conducted focus groups; facilitated one-on-one housing and service provider interviews; and wrote the plan.

The results of the needs assessment process led to the development of recommendations and strategies intended to strengthen the HIV/AIDS housing system and the larger HIV/AIDS services system, and increase access to appropriate housing resources for people living with HIV/AIDS throughout the county.

The Context of AIDS Housing in San Diego County

This is a challenging time to be engaged in planning housing for people living with HIV/AIDS. Available federal funding, the changing demographics of the population of people living with HIV/AIDS, and advances in AIDS treatment protocols all impact planning for, and the provision of, AIDS housing and support services.

People living with HIV/AIDS who are successfully taking anti-retroviral therapies are experiencing significantly improved health and changes in some of the markers used to measure levels of HIV in the blood. The HIV/AIDS housing system now must plan for the housing needs of people who are healthier and living longer, not just those who are severely ill and dying.

At the same time, however, recent studies suggest that as many as 50 percent of the individuals who are treated with protease inhibitors cannot tolerate the drugs, do not respond to them, or eventually decline after a period of positive response. We know that successful treatment with these drugs requires strict adherence to daily medical protocols. Stable housing is extremely important, if not essential, to such compliance. Homeless individuals are less likely to be prescribed protease inhibitors by their doctor because they are often unable to follow such protocols.

Today, there is more uncertainty in the AIDS housing field than ever before, due to changes in the epidemic and the uncertainty of future federal funding. It is within this context of change that the *San Diego Countywide Strategic HIV/AIDS Housing Plan* was developed.

Housing and Homelessness in San Diego County

San Diego County encompasses metropolitan cities, suburban communities, and rural areas. The population of the county grew 12 percent between 1990 and 1998. Forty-four percent of the region's total population resides in the City of San Diego, the other incorporated cities in the County of San Diego comprise 40 percent of the population, and the remaining 16 percent of the population lives in unincorporated areas of the county. Six cities in San Diego County experienced population increases of over 10 percent between 1990 and 1998.[1]

Fourteen percent of San Diego County households earned less than $15,000 in 1997, and El Cajon, Escondido, Imperial Beach, and National City had high percentages of residents earning less than $25,000. As in many other metropolitan areas, poverty among racial minorities in San Diego is a significant problem. While the overall percentage of people living in poverty was approximately 13 percent in 1990, the percentage is much higher for most racial minority groups: African Americans (21 percent), Hispanics (23 percent), and other non-Caucasian races (26 percent).

[1] San Diego Association of Governments, *Draft Regional Housing Needs Statement, San Diego Region,* November 1998.

The average monthly rent in San Diego County rose to $739 by the fall of 1998. This represents a 9.2 percent increase over 1997, and a 24 percent increase since 1994. Between the fall of 1997 and the fall of 1998, 10 communities experienced rental increases of $100 or more on average for a one-bedroom apartment.

Many of the county's households experienced one or more of the following housing problems:

- Overcrowding (9 percent)
- Housing cost burdens, or paying more than 30 percent of your household income on housing costs (41 percent)
- Worst case households, or those earning less than 50 percent of area median income and paying over half of their income on rent, living in substandard housing, or both (75,000 in 1994)[2]

The San Diego Regional Task Force on the Homeless (RTFH) estimates that there are at least 15,000 persons throughout San Diego County who meet the HUD definition of homelessness. Resident farm workers and day laborers comprise more than half of this estimated range. These totals do not include undocumented persons who may be homeless.[3]

HIV/AIDS in San Diego County

As of August 31, 1999, 10,029 cases of AIDS had been reported in San Diego County. Of these cases, 4,219 people are believed to be living with AIDS. An additional estimated 8,000 people are HIV-positive, yet do not have AIDS.

There is an increasing proportion of reported AIDS cases among Hispanics, African Americans, women, injection drug users, and those who contract the disease through heterosexual contact. Meanwhile, reported AIDS cases among men who have sex with men and Caucasians are declining.

In San Diego County, cumulative reported AIDS cases have been male-dominated (93 percent), yet new cases reported for 1997 and 1998 show that cases reported among women accounted for 10 percent of all cases.

While only 6 percent of the county's total population is African American, 12 percent of cumulative AIDS cases and 17 percent of recent cases have been among this racial group. In addition, Hispanics account for 29 percent of recent AIDS cases, yet only 24 percent of the county's total population.

Seventy-seven percent of cumulative reported AIDS cases have been attributed to men having sex with men (MSM), yet that number has declined to 70 percent of recent cases (1997 and 1998). Meanwhile, among recent AIDS cases, more people have attributed their HIV infection to injection drug use (12 percent) and heterosexual sex (8 percent) than cumulative AIDS cases (8 percent and 4 percent, respectively).

The majority of AIDS cases reported in the county have been reported in Central San Diego (65 percent), although that number has declined among recent cases (1/97 to 8/99) to 59 percent. South Bay reported only 8 percent of the cumulative AIDS cases, yet 13 percent of recent cases.

Homeless persons living with AIDS in San Diego County are most likely to be African American; male; gay or lesbian; and reside in Central San Diego.

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[2] Ibid.
[3] Regional Task Force on the Homeless, *Regional Homelessness Profile*, 1998.

HIV/AIDS Housing Inventory

People living with HIV/AIDS own homes, rent apartments on the open market, live in public or other low-income housing, reside in AIDS and other special needs housing facilities, are doubled-up with friends or family, or are homeless. Clearly, many people living with HIV/AIDS have their housing needs met through non-HIV/AIDS-specific affordable housing programs and will continue to do so even if HIV/AIDS-dedicated resources increase. HIV/AIDS-dedicated housing resources available in the future will not and *cannot* meet the housing needs of all people living with HIV/AIDS.

Many individuals want to remain in their homes but need financial support in order to do so. Ryan White CARE Act funds pay for emergency assistance (EARP), most of which is spent on rents and security deposits. There are 81 to 121 transitional housing beds, 20 Residential Care Facility for the Chronically Ill (RCF-CI) beds, and 63 to 103 permanent supportive housing opportunities. In addition, permanent independent housing is provided by the following rental subsidy programs: the tenant-based rental assistance (TBRA) program provides 100 subsidies, the Partial Assistance Rental Subsidy (PARS) program provides 260 subsidies. Townspeople (8 units) also provides permanent independent housing. Other agencies provide additional housing services, including case management/coordination, moving assistance, and information and referral.

Every community struggles with how to project the amount and types of housing assistance that people living with AIDS need. There is no clear formula for such a calculation. However, the *San Diego Countywide Strategic HIV/AIDS Housing Plan* outlines projected need for HIV/AIDS housing based on a number of potential factors, including income, homelessness, and HIV status. If need were projected by considering the smaller estimates of low-income people living with AIDS, homeless persons, and those who were HIV-positive who needed assistance (2,109 persons) compared to existing housing units/subsidies (532-612) there would be a gap of more than 1,497-1,577 housing units/subsidies.

Consumer Housing Surveys

As part of the San Diego County HIV/AIDS housing planning process, people living with HIV/AIDS who were receiving housing assistance through a HOPWA-funded program or facility were surveyed regarding their current and previous living situations, housing needs, and housing preferences. The survey was made available in English and Spanish. A total of 226 completed surveys were returned for analysis.

Despite the fact that the survey respondents were housed, many respondents are clearly in very precarious housing situations. For example, over half of the respondents reported spending more than 30 percent of their income on rent, and nearly one-third reported spending more than 50 percent. In addition, over 50 percent of respondents would have to move if their rent increased by $50, an indicator of being at serious risk of homelessness; and more than 50 percent of respondents earned less than $700 per month.

More than 25 percent of respondents had moved since learning of their HIV status because they were unable to pay the rent, and nearly one in four respondents had moved three times or more in the last three years. In addition, more than half of respondents had slept outdoors, in a car, in a shelter, at a friend's house, or had traded sex for a place to sleep or for rent in the time since they had been diagnosed HIV-positive.

Respondents to this survey are accessing services, specifically housing assistance, yet they continue to have "housing problems" and remain at risk of homelessness. While nearly 75 percent of respondents are comfortable in their current housing situations and would prefer to stay in their current housing if they were to get sicker, most are a small rent increase away from becoming homeless; and for many, it would not be the first time.

Consumer preferences must be considered in determining the need and viability of additional HIV/AIDS-dedicated housing resources. In San Diego County, consumer preference indicates a need for more permanent independent housing units, subsidies and/or services which allow individuals to maintain independence and remain active in their community for as long as possible.

In addition to the survey associated with this Plan, selected results from the 1998 and 1999 HIV/AIDS Needs Assessment Consumer Surveys are included in the Plan.

The 1,322 respondents to the 1999 HIV/AIDS Needs Assessment Consumer Surveys clearly stated that housing and shelter were important and necessary—it was the seventh-highest priority service among respondents. The survey also demonstrates that many people living with HIV/AIDS in San Diego County are in need of housing assistance in order to stabilize their lives. Variables such as percent of income spent on housing costs (63 percent spend more than 25 percent of their income on housing); length of time in current housing (24 percent had lived in their current housing for less than 6 months); and history of homelessness (25 percent had been without their own room or house in which to spend the night in the last 12 months), confirm that people are living in unstable housing conditions. In addition, many respondents are mentally ill (13 percent) and/or are current or former substance abusers (59 percent). These results all highlight the need for housing assistance for people living with HIV/AIDS in San Diego County.

The 1998 HIV/AIDS Needs Assessment Consumer Survey results are included in this chapter due to its inclusion of multiple housing-related questions not seen in the 1999 HIV/AIDS Needs Assessment Consumer Survey. The selected responses presented here from 1,433 respondents demonstrate that many respondents need rental subsidies (19 percent), have problems finding housing due to discrimination, and have frequently been without a place in which to spend the night in the last 3 years (9 percent had been in this situation 3 or more times). In addition, many respondents had difficulty maintaining their housing due to mental health and drug abuse problems.

Provider and Case Manager Surveys

For the development of the *San Diego Countywide Strategic HIV/AIDS Housing Plan*, approximately 60 housing surveys were distributed throughout the county to case managers, and 80 were distributed to housing providers and AIDS service organizations. The purpose of the surveys was to assess the housing needs of the clients served by housing and service providers and case managers throughout the county. Seventeen case managers and 9 providers responded.

Case managers and housing and service providers clearly stated that their clients do not have enough housing options, especially independent housing and transitional housing options. Transportation, both to services and for use while searching for housing, was cited within the survey and also in many comments on the margins of the surveys as a critical need. Many clients are also in need of alcohol/drug treatment/counseling and meals/nutrition counseling. The identified barriers to housing that clients often faced were; the difficulty of the application process, the insufficiency of the subsidy, the lack of knowledge about and/or access to housing assistance, and the lack of options for housing families with children.

Critical Issues

A review of relevant planning and epidemiological documents provided a framework for the needs assessment. The needs assessment included: a review of relevant planning documents and epidemiological data; consumer focus groups; site visits to AIDS housing programs; a case manager survey; a survey of affordable housing and AIDS service organizations; and one-on-one housing and service provider interviews. In addition, a consumer survey was distributed throughout San Diego County to people living with HIV/AIDS who receive HOPWA assistance to assess housing needs and preferences. An overview of critical issues identified through this process is provided below.

System-Wide Issues

Planning, prioritization, and resources allocation together were ranked highest by the Steering Committee, followed closely by activities which will increase the capacity of providers throughout the HIV/AIDS housing and support service continuum. Coordination and collaboration are key components to the success of these endeavors.

1. **Planning, prioritization, and resource allocation**. Community-based needs assessment and planning is needed in order to build a comprehensive continuum of housing and support services, and to assure that existing programs have sufficient funding to adequately address current needs.

2. **AIDS housing provider capacity**. Housing development and operations are complex activities requiring a broad range of skill and knowledge, and many housing providers do not have the capacity to develop AIDS housing facilities.

3. **Involvement of the HIV-infected community**. Consumer input in the planning and decision-making process regarding HIV/AIDS housing is increasingly important as the epidemic evolves and the costs of housing escalate.

4. **Access to housing, services, and benefits**. The paperwork required to access services and benefits, especially housing, is burdensome for people with HIV; and often consumers don't have the skills to advocate effectively through a bureaucracy.

Housing-Specific Issues

Members of the Steering Committee felt quite strongly that it is essential to develop and **maintain a comprehensive continuum** of housing and services for residents in San Diego County. Within that framework, two urgent gaps and two development issues were identified:

1. More **affordable permanent housing units** accessible to people living with HIV are needed. The housing continuum points people toward permanent independent living to the extent possible. However, the number of both facility-based and rental voucher units dedicated and/or accessible to persons living with HIV/AIDS and their families falls far short of the need.

2. **Emergency housing**, both facility-based and hotel/motel vouchers, is needed to aid those who are homeless and in urgent need of shelter.

3. There is a need to employ a **variety of approaches** to increase the number of units available (including units with three or more bedrooms) in non-HIV-specific complexes and through mainstream affordable housing providers.

4. There exist a number of **barriers to housing development** in San Diego County including fees, complex financing and fund coordination, community concerns, and varying degrees of available resources for affordable and special needs housing development.

Service-Related Issues

In general, San Diego County has an excellent and comprehensive continuum of medical care, in terms of access to prescription drugs and social support services. However, the Steering Committee identified four key areas of concern related to maintaining the stability of residents in HIV/AIDS housing programs:

1. **There is not equal access to public transportation** in all parts of the county. Whereas there is some funding for transportation assistance, the size of the county and the uneven distribution of housing and support services within the county make transportation an ongoing concern for providers and consumers alike.

2. **Access to chemical dependency and mental health services** is also a problem. Coordination between these services and the HIV/AIDS continuum of care remains uneven and inadequate; at times they can even work at cross purposes.

3. It is essential that residents in HIV housing programs have the ability to **maintain case management relationships**. Case management is the crucial link between the resident and the array of services available through the various medical and support service systems. Currently, consumers may be cut off from or unable to access case management even while receiving housing assistance.

4. While not ranked as critical issues, **life/job skills and treatment adherence trainings** were identified as needed to help ensure that consumers are able to maintain their health and housing stability.

5. Increasing **child and respite care** for people living with HIV/AIDS with dependent children will enable parents to work and/or access services.

Increasing Funding and Support for HIV/AIDS Housing and Support services Issues

1. There is a **need for effective education and outreach** to community members and leaders to ensure the continued existence of community-based programs and to increase funding to meet the increasing local need.

2. **Prejudice** against the poor, people of color, immigrants, gays and lesbians, and those with histories of mental illness, chemical addiction, incarceration and/or homelessness, in addition to community concerns, are significant barriers to the siting and development of appropriate, affordable housing for people living with HIV and their families.

3. There is a **need for improving the coordination and collaboration** at every level in the systems of funding and delivery of medical, social, housing, HIV/AIDS, job training, mental health, and chemical dependency services.

Recommendations

The following recommendations are in summary form. The recommendations included in the *San Diego Countywide Strategic HIV/AIDS Housing Plan* provide a more detailed explanation of what is being recommended.

The thirty-one specific recommendations in this chapter are divided into four main categories: housing, service-related, system-wide, and increasing funding and support for HIV/AIDS housing and support services. The fourteen housing strategies are grouped within three overarching recommendations:

- Actively participate in community-wide planning for housing resource allocation.
- Prioritize flexibility in increasing access to safe, affordable, and appropriate housing.
- Create and maintain a full continuum of HIV/AIDS housing options.

Housing Strategies

Actively participate in community-wide planning efforts for housing resource allocation

It is clear that the housing needs of all people living with HIV/AIDS in San Diego County cannot be met by the resources of the HIV/AIDS housing system alone, and that other low-income and affordable housing programs are necessary additional resources. Federal funds for housing and community development require coordinated planning and service delivery within participating jurisdictions. Homeless programs operate within HUD's Continuum of Care, and HOPWA-funded activities fall under the guidance of Consolidated Plans for several San Diego County jurisdictions. For these reasons, it is essential that the needs of people living with HIV/AIDS be addressed in these systems and planning efforts.

1. This plan and its recommendations form the framework for efforts to assure housing stability and housing options for San Diego County's HIV-infected residents and their families. As such, it belongs to the people of San Diego County, and it is the duty and responsibility of community leaders to work for its full implementation.

2. People living with HIV/AIDS, AIDS housing and service providers, the cities in the county, HIV Health Services Planning Council, and members of the County HIV Housing Committee should work towards and participate in the development of regional affordable housing plans that include an emphasis on the needs of people living with HIV/AIDS and their families.

3. The San Diego County Department of Housing and Community Development (HCD), with community input and participation, should take the lead in ensuring that there is full participation by AIDS housing and service providers, and consumers in the Consolidated Plan, Continuum of Care, and other housing and homeless advisory and planning activities in all participating jurisdictions in the county.

4. HCD, with community input and participation, should review the *San Diego Countywide Strategic HIV/AIDS Housing Plan* annually to assure its relevance and accuracy. This review should also include funding decisions made and programs funded to assure that current programs adequately and appropriately address current needs.

Prioritize flexibility in increasing access to safe, affordable, and appropriate housing

Although there is an enormous unmet need for housing among people living with HIV/AIDS and their families, it is an unfortunate reality that San Diego County suffers from an extreme shortage of affordable

housing of all kinds. Not only is the existing housing inventory limited, but also there is little hope for a substantial increase in units affordable to very-low-income households in the near future.

It is, therefore, incumbent upon planners, funders, developers, and providers to remain flexible and poised to take advantage of opportunities to increase access to safe, affordable, and appropriate housing as they arise. At the same time, the development of special-needs and affordable housing has become increasingly complex and competitive. It may take a developer two to three years to gain approval from all the relevant government bodies and assemble the financing necessary to both complete the construction and assure long-term affordability. Thus, consumers and advocates must both express urgent need and maintain patience throughout the development process.

1. After setting priorities for new unit creation in its annual Notice of Funding Availability (NOFA) for HOPWA funding, HCD should remain flexible as to the kind of activities that are allowable, e.g., AIDS-specific housing development, mixed-population housing development, AIDS set-asides in new or existing affordable/mainstream housing developments, master leasing, and other "nondevelopment" strategies. HCD staff should evaluate the short- and long-term cost-effectiveness and benefits of proposed strategies.

2. In advertising the availability of HOPWA funding for new unit creation and in conducting the subsequent proposers' conferences, HCD should reach out to for-profit developers, housing authorities, and nonprofit affordable and mainstream housing developers to encourage their participation. HCD should also encourage these entities to increase their knowledge about the need for AIDS housing locally and HCD's willingness to be flexible in pursuing a range of development strategies.

3. Balance development with rental assistance and other nondevelopment activities. As HCD prioritizes the allocation of HOPWA and other resources towards the provision of housing for people living with HIV/AIDS and their families, every effort should be made to maintain a balance among the various housing strategies available and between short- and long-term housing needs.

Create and maintain a full continuum of HIV/AIDS housing options

It is the vision of HCD and the Steering Committee and the mandate of the HIV Health Services Planning Council to assure the creation of a continuum of housing and services to meet the needs of people living with HIV/AIDS at all points in the disease spectrum. At the same time, the U.S. Department of Housing and Urban Development and San Diego County Department of Housing and Community Development desire the integration of HIV/AIDS housing with the homeless Continuum of Care and other affordable and special needs housing programs in the county. Towards those ends, the following recommendations articulate both a broad vision and some specific action steps. As appropriate, these actions should be taken in collaboration with the HIV Health Services Planning Council, Regional Continuum of Care Council, and the HIV Housing Committee.

1. Assure access to a range of housing options in San Diego County for people living with HIV/AIDS and their families. This includes emergency, transitional, permanent independent, and permanent supportive housing, as well as residential programs for persons with higher care needs.

2. Permanent independent housing is both the greatest single need in the county and the highest ranked housing preference among consumers.
   - To the extent possible, encourage dispersion of units where the greatest need is throughout the county. East County, central San Diego, and the South Bay have been identified as priority areas for the short-term.
   - Steps should be taken immediately to increase access to units with three or more bedrooms to provide long-term housing for families impacted by HIV/AIDS.

- Explore possible alternatives for providing some kind of "youth friendly" housing for 18- to 25-year-olds who are HIV-positive and homeless or at risk for HIV infection.

3. Maintain existing tenant-based rental assistance programs and explore potential changes that may enable more effective targeting of resources based on levels of income and need.

4. Review existing mechanisms for providing emergency housing and determine if changes are required to existing models of delivery, operating policies and procedures, or funding levels to better assist people living with HIV/AIDS and their families as they enter and later pass through the AIDS housing continuum.

5. Strengthen the effectiveness of transitional housing programs through:
   - Staffing and procedural modifications that will enable them to better serve mono-lingual non-English-speaking consumers and those with mental health and chemical dependency issues
   - More closely linking transitional and permanent housing programs so that residents can be assured a smooth transition to permanent independent or supportive housing

6. Maintain the existing Residential Care Facilities for the Chronically Ill (RCF-CI) in North County and encourage the development of a similar facility in central San Diego. Consumers, providers, advocates and planners all expressed a resounding endorsement of the ongoing need for the level of on-site care and supervision that the RCF-CI's provide. Further analysis is required in order to determine the optimal size and location for such a facility in San Diego, based on development and operational costs and siting issues.

7. Reach out to develop and maintain linkages with area skilled nursing and hospice facilities so that ready access for those who need those levels of care can be assured. Although the number of deaths from AIDS has decreased dramatically in recent years as a result of improvements in medical treatments and medication protocols, there remains an ongoing need for end-of-life care in San Diego County.

Service-Related Strategies

In order to assure the highest quality of life, health status and degree of housing stability possible, virtually all housing options for people living with HIV/AIDS and their families should include linkages to a continuum of community-based services. The HIV/AIDS continuum of care in San Diego County is well developed and offers access to the complete array of services needed. There remain, however, both significant unmet needs and opportunities for fine-tuning existing programs to better promote housing stability. As appropriate, these actions should be taken in collaboration with the HIV Health Services Planning Council.

1. HCD and other funders should require that, prior to receiving funding for housing development and/or start-up of operations, providers of both facility-based and tenant-based HIV/AIDS housing programs demonstrate that services appropriate to the needs of potential residents will be provided on site, or that community-based services are accessible to residents and formal linkages for service delivery are in place.

2. Encourage the creation of a case management task force to review case management policies and guidelines with the goal of maximizing opportunities for consumer housing stability. With the current priorities for case management services, it is possible for a consumer receiving HOPWA subsidies or residing in a HOPWA-subsidized residence to become ineligible for AIDS case management services. Given that case management is the primary point of access to the support services upon which a tenant's housing stability depends, consideration should be given to assure that, at a minimum, those receiving HOPWA housing assistance are guaranteed ready access to case management when they need it.

3. Increase access to services for people living with HIV/AIDS outside of the City of San Diego. People living with HIV/AIDS outside of the City of San Diego may have a difficult time accessing services due to the centralization of most services in central San Diego. Increased access to services is needed, through both ongoing transportation assistance and a commitment to service availability in outlying areas where feasible and appropriate. An outreach and subsequent educational effort is needed in the county's smaller communities to connect people living with HIV/AIDS to the services that are available to them. Consumers may also need training and ongoing support to increase their effectiveness as self-advocates.

4. Increase access to chemical dependency and mental health services, particularly for those on waiting lists for, or entering, HIV/AIDS housing programs. Consumers and providers alike indicated an unmet need in affordable and appropriate chemical dependency and mental health services. Coordination with the HIV Health Services Planning Council and the chemical dependency and mental health systems will be required and might be best addressed through existing task forces or collaborative efforts within city, county, and state government.

5. Increase access to life skills, job skills, and treatment adherence trainings. For many people living with HIV/AIDS, life skills, job training, and treatment adherence education is necessary to help ensure their ability to maintain their current health and housing stability.

6. Increase access to childcare and respite care for people living with HIV/AIDS with dependent children. Medical regimens, access to appropriate support services, and navigating the various benefit systems require that custodial parents be able to leave their dependent children in appropriate childcare settings for several hours or days at a time. Financial assistance and coordination of childcare resources may be necessary to assure appropriate physical and mental health treatment and compliance for both parent and child. Coordination with the HIV Health Services Planning Council and other local and state programs for child support and services is encouraged.

System-Wide Strategies

The system developed for providing housing and rental subsidies for people living with HIV/AIDS and their families in San Diego County has grown substantially over the past ten years as opportunities for expanding resources appeared in response to the evolving and increasing housing needs of consumers. The primary obstacle facing the system is the huge shortfall in resources when faced with the enormous need for affordable and appropriate housing. Many consumers are daunted by the complexities of the system and the nuances of program requirements. They frequently cite their own and providers' insufficient knowledge of the AIDS housing system as one of their greatest barriers to finding and securing housing. As the efficacy of medical treatment and medication protocols has increased in recent years, AIDS housing providers' biggest challenge is not managing residents' medical needs; rather, it is addressing their behavioral health issues. Community concerns, siting, and permit issues are real barriers faced by special needs housing developers as they attempt to respond to consumer need and preference by creating housing and support service options geographically dispersed throughout the county. As appropriate, these actions should be taken in collaboration with the HIV Health Services Planning Council, Regional Continuum of Care Council, and the HIV Housing Committee.

1. Encourage and support continued and increased consumer involvement in the HIV/AIDS housing planning and decision-making process. Consumer input is vital both in determining the range and extent of need and in developing housing and support service options that are appropriate to and preferred by potential tenants.

2. Encourage housing developers in San Diego County to view themselves as "AIDS housing developers" and aggressively pursue options for:
   - Increasing access to safe, affordable and appropriate housing through set-asides and other "nondevelopment" strategies
   - Developing new units of housing consistent with the goals of this Plan and priorities established on an annual basis by HCD

3. Encourage government and conventional lenders to modify and frame loan policies to encourage special needs affordable housing development.

4. Address siting and development barriers through both community education efforts and nondevelopment strategies. It is not just the difficulty in securing financing that mires the development of special needs housing projects; there are a number of barriers that can be affected by county and city governments, including development fees, permitting and siting requirements, and varying degrees of community commitment to affordable and special needs housing development.

5. Assure the quality of housing and related services provided to people living with HIV/AIDS and their families. Housing development and operation are complex activities requiring a broad range of skill and knowledge. Managing nonprofit organizations, complying with government contract requirements, and maintaining housing and service quality are equally challenging.

6. Examine the effectiveness of the current information and referral services and develop creative methods for further consumer and provider education. Consumers and providers alike indicated that lack of knowledge and difficulties associated with application and referral processes were barriers to housing in San Diego County.

7. AIDS housing providers and advocates should expand and strengthen existing linkages to AIDS support, mental health service, and chemical dependency treatment systems to ensure access to these systems for eligible consumers.

Strategies for Increasing Funding and Support for HIV/AIDS Housing and Support services

The majority of people contacted through the process of assessing the need for HIV/AIDS housing in San Diego County identified "increasing funding and support for HIV/AIDS housing and support services" as a key strategy for successfully housing people living with HIV/AIDS. In this era of fierce competition for limited funding, it is incumbent upon consumers, community leaders and interested parties of all kinds to become knowledgeable about HIV/AIDS issues in San Diego County and to help ensure the viability and support of community-based efforts to meet the needs of people living with HIV/AIDS.

1. Implement a community-wide educational program that provides valuable information about the epidemic, its trends, and the services available to people living with HIV/AIDS.

2. Encourage community members and leaders throughout San Diego County to embrace this Plan and take steps to engage others at appropriate levels of authority in city, county, state and federal government to assist in implementing its recommendations.

3. Encourage the increase of public and private funding for the range of housing and support service programs that people living with HIV/AIDS in San Diego County can access. Local and national coalitions exist to coordinate messages and advocacy strategies.

4. Work towards the implementation of rental programs and landlord-tenant provisions that are friendly to people living with HIV/AIDS. As the housing market continues to favor landlords in San Diego County, large increases in rent, large security deposits and rent down-payments, and increasingly stringent income requirements have become commonplace, squeezing low-income renters out of the housing market. It is imperative that the HIV/AIDS community, together with other groups representing low-income and similarly disenfranchised communities, encourage the development of tenant-friendly rental programs and flexible landlord-tenant provisions that will provide increased affordable housing opportunities for persons living with HIV/AIDS. HCD, OAC, County HIV Housing Committee, HIV Health Services Planning Council, HIV/AIDS housing and service providers, and consumers should work for the following:

    - Development and implementation of a damage deposit and rent guarantee program to provide a bail-out to landlords if a tenant defaults on paying rent

Action Plan for HOPWA Cycle VIII

The following recommendations were developed based on data from the needs assessment process, including consumer, provider, and case manager surveys; Steering Committee and public meetings; one-on-one housing and service provider interviews; and consumer focus groups.

At the June 1999 meeting of the *San Diego Countywide Strategic HIV/AIDS Housing Plan* Steering Committee, recommendations were reviewed and the following recommendations were selected to be the first "action" steps. Given the dynamic nature of HIV disease and the uncertainty of future federal funding, the needs of people living with HIV/AIDS and the most appropriate strategies to meet those needs must be revisited regularly. Therefore, Action Plans will be developed on an annual basis.

Housing-Related Strategies

Recommendation:

Prioritize flexibility in funding HIV/AIDS housing activities. After setting priorities for new unit creation in its annual Request for Proposals for HOPWA funding, the San Diego County Department of Housing and Community Development (HCD) should remain flexible as to the kind of activities that are allowable, e.g., AIDS-specific housing development, mixed-population housing development, set-asides in new or existing affordable/mainstream housing developments, master leasing, and other "nondevelopment' strategies.

Action Steps:

- HCD staff should evaluate the short- and long-term cost-effectiveness and benefits of proposed strategies.
- Incorporate the outcomes of this planning process into the development of priorities for HOPWA funding.

Recommendation:

Assure the creation of a continuum of housing and services to meet the needs of people living with HIV/AIDS at all points in the disease spectrum. This goal is the vision of HCD and the *San Diego Countywide Strategic HIV/AIDS Housing Plan* Steering Committee and the mandate of the HIV Health Services Planning Council.

Action Step:

- Develop and publicly present an official "continuum of HIV/AIDS housing," including definitions of each type of housing. Emphasize the importance of housing stability to each person living with HIV/AIDS, especially in his/her ability to access services and medical care.

Recommendation:

Increase permanent independent housing. It is both the greatest single need in the county and the highest ranked housing preference among consumers.

Action Step:

- Ensure the creation of up to 30 permanent independent housing units.

Recommendation:

Maintain existing tenant-based rental assistance programs and explore potential changes that may enable more effective targeting of resources based on levels of income and need.

Action Steps:

- Explore the possibility of requesting a shallow rent subsidy waiver from HUD for long-term HOPWA rental assistance.
- Coordinate potential HOPWA shallow rent subsidy with existing programs, including Partial Assistance Rental Subsidy (PARS).
- Maintain homelessness prevention as the primary focus of shallow rent subsidies.
- Evaluate the impacts of establishing higher income ceilings, the targeting of shallow subsidies to those with incomes between 50 percent and 80 percent of area median income, and allowing for different levels of assistance as income fluctuates or to accommodate rent increases.
- Consider prioritizing deep subsidies for those at the lowest income levels and for families needing units with three or more bedrooms.

Recommendation:

Maintain the existing Residential Care Facilities for the Chronically Ill (RCF-CI) in North County and encourage the development of a similar facility in central San Diego. Consumers, providers, advocates and planners all expressed a resounding endorsement of the ongoing need for the level of on-site care and supervision that the RCF-CI's provide. Further analysis is required in order to determine the optimal size and location for such a facility in San Diego, based on development and operational costs and siting issues.

Action Step:

- Assure adequate funding for the existing Residential Care Facilities for the Chronically Ill (RCF-CI) in North County and encourage the development of a similar facility in central San Diego.

System-Wide Strategies

Recommendation:

AIDS housing providers and advocates should expand and strengthen existing linkages to AIDS support, mental health service and chemical dependency treatment systems to ensure access to these systems for eligible consumers.

Action Steps:

- Establish and/or improve formal and informal linkages, with the support of HCD and the San Diego County Office of AIDS Coordination (OAC), to the mental health and chemical dependency treatment systems, building upon existing relationships, and jointly advocating at the state level for more funding and targeted programs.
- Establish quarterly meetings of the executive officers of the County HIV Housing Committee, HIV Health Services Planning Council, and the staffs of HCD and OAC. These meetings should focus on improving linkages between housing programs and other support services, including case management, mental health, and chemical dependency services, and establishing standards of care.
- Coordination between the HOPWA and Ryan White CARE Act planning and funding bodies should be improved in order to help assure optimal leveraging of resources and non-duplication of services.
- Cross training opportunities should be established so that front-line workers in the HIV/AIDS housing and support, mental health services and chemical dependency treatment systems can better respond to the range of issues that multiply diagnosed people living with HIV/AIDS face, and understand the capabilities and limitations of each system to respond.

Strategies for Increasing Funding and Support for HIV/AIDS Housing and Support Services

Recommendation:

Work towards the implementation of rental programs and landlord-tenant provisions that are friendly to people living with HIV/AIDS. As the housing market continues to favor landlords in San Diego County, large increases in rent, large security deposits and rent down-payments, and increasingly stringent income requirements have become commonplace, squeezing low-income renters out of the housing market. It is imperative that the HIV/AIDS community, together with other groups representing low-income and similarly disenfranchised communities, advocate for tenant-friendly rental programs and flexible landlord-tenant provisions that will provide increased affordable housing opportunities for persons living with HIV/AIDS.

Action Steps:

- HCD, OAC, County HIV Housing Committee, HIV Health Services Planning Council, HIV/AIDS housing and service providers, and consumers should work for the development and implementation of a damage deposit and rent guarantee program to provide a bail-out to landlords if a tenant defaults on paying rent.

Appendix 4: Federal Financing Sources for Affordable Housing

This section contains information and resources on financing affordable housing.

The following information is intended to provide an introduction to some sources of financing for affordable housing. Housing Opportunities for Persons with AIDS (HOPWA) is a U.S. Department of Housing and Urban Development funding source dedicated for people living with HIV/AIDS. Because housing is expensive to develop and operate, especially when enriched with support services, and because people living with HIV/AIDS may have very little income available to pay for rent and services, HOPWA funds alone are not sufficient to develop and operate housing. Other sources of funding are required. People living with HIV/AIDS who have low incomes are eligible for mainstream programs for low-income people. Depending on the individual, they may also be eligible for programs for people with disabilities, for people who are homeless, and others. The following is not an exhaustive list, but highlights some of the larger programs and those most directly related to housing people living with HIV/AIDS. More information and resources on financing affordable housing are available through the AIDS Housing of Washington web site (www.aidshousing.org).

U.S. Department of Housing and Urban Development (HUD) Consolidated Plan Programs

HUD requires a single, consolidated submission process, including all of the planning, application, and performance assessment documentation for the following formula programs:

- Community Development Block Grants (CDBG)
- Emergency Shelter Grants (ESG)
- HOME Investment Partnerships Program (HOME)
- Housing Opportunities for Persons with AIDS (HOPWA)

The planning process is intended to help local jurisdictions develop a vision for housing and community development and to coordinate their activities. Local governments develop the plan in consultation with public and private agencies that provide supportive housing and social and health services, community members, and neighboring localities. The Consolidated Plan must indicate the activities that will be carried out in the coming year to address emergency shelter and transitional housing needs, homelessness prevention, the transition to permanent housing and independent living, and services for people who are not homeless but have supportive housing needs.

Information about each of the programs follows.

Community Development Block Grant (CDBG)

CDBG program funds may be used in a variety of ways to support community development, including the acquisition, construction, and rehabilitation of public facilities and housing. However, communities are not required to include housing when determining how they would like to use CDBG funds.

All CDBG-funded activities must address one of the three national objectives of the program:

1. Benefit low- and moderate-income people.
2. Eliminate or prevent slums or blight.
3. Meet other urgent community development needs, where existing conditions pose a serious and immediate threat to the health and welfare of the community, and no other financial resources are available.

Emergency Shelter Grants (ESG)

The ESG Program funds are designated to improve the quality of existing emergency shelters and transitional housing for homeless people, to help create additional emergency shelters, to pay for certain operating and social service expenses in connection with homeless shelters, and for homeless prevention activities.

The HOME Investment Partnerships Program (HOME)

Communities have the flexibility to use HOME funds for the housing activities that best meet local needs and priorities. Uses can include property acquisition, rehabilitation, site improvements, demolition, new construction, and tenant-based rental assistance. Assistance can take the form of loans, advances, equity investments, interest subsidies, and others. A portion (at least 15 percent) of HOME funds must be set aside for community housing development organizations (CHDOs), which are nonprofit organizations meeting certain HUD-established criteria.

Housing Opportunities for Persons with AIDS (HOPWA)

HOPWA is another program that comes under the Consolidated Plan process. HOPWA provides grant funds to state and local governments to design long-term, comprehensive strategies for meeting the housing needs of low-income people living with HIV/AIDS and their families. Participating jurisdictions have the flexibility to create a range of housing programs, including housing information services, resource identification, project- or tenant-based rental assistance, short-term rent, mortgage, and utility payments to prevent homelessness, housing and development operations, and support services. Ninety percent of HOPWA funds are awarded through formula grants, and the remaining 10 percent are awarded through a competitive grant program.

HOPWA Formula Grants

HUD awards 75 percent of HOPWA Formula Grant funds to eligible states and qualifying cities. Eligibility is based on the number of cases of AIDS reported by the Centers for Disease Control and Prevention as of March 31 of the year prior to the appropriation. Eligible metropolitan statistical areas (EMSAs) and states receive direct allocations of HOPWA funding when 1,500 cumulative cases of AIDS are diagnosed in a region. The remaining 25 percent of funds is allocated among metropolitan areas that have had a higher than average per capita incidence of AIDS.

HOPWA grantees may carry out eligible programs themselves, deliver them through any of their administrative entities, select or competitively solicit project sponsors, and/or contract with service providers.

HOPWA Competitive Grants

Competitive grants are awarded in the following categories:

- **Special Projects of National Significance (SPNS).** These projects are intended to be models for addressing the needs of low-income people living with HIV/AIDS and their families because of their innovation or ability to be replicated.
- **Long-Term Comprehensive Strategies for Providing Housing and Related Services.** Applications in this category can be submitted by state or local governments that are not eligible for HOPWA formula allocations during that fiscal year.

U.S. Department of Housing and Urban Development (HUD) Homeless Assistance Continuum of Care

In order to encourage the integration and coordination of community homeless assistance, HUD combined three major homeless assistance programs—Supportive Housing Program, Shelter Plus Care, and Section 8 Moderate Rehabilitation Program Single Room Occupancy Program (SRO)—under the Continuum of Care planning and allocation process.

The Continuum of Care system includes four components: outreach to and needs assessment of individuals or families who are homeless, emergency shelters with support services, transitional housing with support services, and permanent independent or support housing to meet long-term needs. The establishment of a Continuum of Care system involves a community-wide or region-wide process involving nonprofit organizations (including those representing persons with AIDS and other disabilities), government agencies, other homeless providers, housing developers and service providers, private foundations, neighborhood groups, and homeless or formerly homeless individuals. It is very important for applicants to understand that funding for the Supportive Housing Program, Shelter Plus Care, and Section 8 SRO projects must be applied for within the context of the Continuum of Care process.

Supportive Housing Program (SHP)

SHP program funds are used to provide supportive housing, either as transitional housing for homeless people or permanent housing for homeless people who have disabilities, including people living with HIV/AIDS. In addition, SHP funds can also be used for safe havens, which provide specialized permanent housing for severely mentally ill homeless persons who have been unwilling to participate in support services, support services for people not living in supportive housing, and other innovative supportive housing models. SHP funds can be used for a range of activities from land acquisition to administrative expenses.

Shelter Plus Care

The Shelter Plus Care program provides rental assistance for permanent housing, linked with support services funded by other sources, to homeless and disabled people and their families. Activities under Shelter Plus Care include tenant-based rental assistance, project-based rental assistance, sponsor-based rental assistance, and Section 8 moderate rehabilitation assistance for single room occupancy dwellings.[4]

[4] This differs from the Section 8 SRO program described next. Specifically, Shelter Plus Care SRO targets people who are homeless *and* have a disability, and Shelter Plus Care projects must include support services, while Section 8 SRO residents must be able to live independently.

Section 8 Moderate Rehabilitation Single Room Occupancy Dwellings (SRO)

Under the SRO program, HUD contracts with public housing authorities (PHAs) to enable the moderate rehabilitation[5] of residential properties that, when completed, will contain multiple single room dwelling units. The PHAs make rental assistance payments to the landlords on behalf of the homeless individuals who rent the rehabilitated dwellings, covering the difference between a portion of the tenant's income (normally 30 percent) and the HUD-established Fair Market Rent (FMR) of the unit. The program does not provide financing for the rehabilitation work, but a portion of this cost is reflected in the rent.

Other HUD Programs

HUD has many other programs, but three are particularly relevant when developing housing for people living with AIDS: Supportive Housing for Persons with Disabilities (Section 811), Section 8 Rental Assistance, and Section 8 Housing Opportunities for Persons with Disabilities (Mainstream Program).

Supportive Housing for Persons with Disabilities (Section 811)

Nonprofit organizations can use Section 811 funds to construct, acquire, and/or rehabilitate supportive housing for very low-income persons with disabilities, including those with disabilities resulting from HIV-infection. The support services should address the residents' individual needs, provide optimal independent living, and provide access to the community and employment opportunities.

Section 811 funding is provided in two parts: a one-time capital advance, essentially a grant, to fund development, and ongoing project-based rental assistance, that pays the difference between the tenant payment and the operating cost.

Section 8 Rental Assistance Programs

Section 8 Rental Assistance takes the form of certificates and vouchers which are administered by public housing authorities. Rental certificates and vouchers allow income-eligible households to find and obtain rental housing independently. Tenants typically pay 30 percent of their income, while the certificate or voucher pays the difference, up to the HUD-established Fair Market Rent (FMR) for the area. The primary difference between certificates and vouchers is that with a voucher, a tenant can pay more than 30 percent of their income if the cost of the unit exceeds the FMR.

Public housing authorities can also designate up to 15 percent of their vouchers to be project-based in new construction or rehabilitated housing. Project-based vouchers stay with a particular unit, so that income-eligible tenants can come and go, but the unit stays affordable. Tenants cannot take the vouchers away from the unit for use elsewhere.

Section 8 Housing Opportunities for People with Disabilities (Mainstream Program)

In FY 1997, HUD moved a portion of the funds originally earmarked for the Supportive Housing for Persons with Disabilities (Section 811) to create this separate tenant-based program. This provides certificates and vouchers to persons with disabilities to allow for more housing choice.

[5] HUD considers moderate rehabilitation to be a minimum of $3,000 of rehabilitation work per unit.

Low Income Housing Tax Credits

Created in 1986, the Low Income Housing Tax Credit allows qualified owners of or investors in eligible low-income rental housing to reduce their federal income taxes on a dollar-for-dollar basis for a ten-year period, subject to compliance. Low-income housing developers use these credits to attract investors, who commit to funding a project in return for the tax credit.

Dollars of tax credit available are allocated to states based on population, currently equal to $1.25 per capita, and states administer their own competitive process for the credits. The Low Income Housing Tax Credit has become the primary federal resource for developing low-income housing. Tax credits funded approximately 750,000 units through 1999, and contribute to the development of approximately 62,500 additional units per year.[6]

[6] Kate Collignon, *Expiring Affordability of Low-Income Housing Tax Credit Properties: The Next Era in Preservation*. October 1999. Neighborhood Reinvestment Corporation and the Joint Center for Housing Studies of Harvard University.

Appendix 5: HIV/AIDS Housing Solutions

The housing needs of people living with HIV/AIDS cover a wide range, from one-time emergency utility assistance to nursing home care. Consequently, it is useful to think about housing opportunities along a continuum. The following text reviews each of the housing types in the HIV/AIDS housing continuum and offers ideas for addressing needs in each area.

It is important to understand that the wide range of housing needs for people living with HIV/AIDS and their families does not exist apart from other housing needs in a community. Generally, HIV/AIDS housing needs fall into an overall, community-wide housing continuum. This continuum, which provides a comprehensive way of evaluating a community's resources, divides housing needs and resources into the following categories, each of which is explained in detail in this section:

Emergency ➔ Transitional ➔ Permanent ➔ Specialized Care

Many of the best housing resources for people living with HIV/AIDS are provided by mainstream organizations that serve a wide variety of people. It is usually faster, cheaper, and more appropriate to draw on mainstream housing resources than to create new facilities and services just for people living with HIV/AIDS. Training other providers to understand the special needs of people living with HIV/AIDS can provide the same result as, and often more efficiently than, providing a new service tailored to specific needs. One effective strategy is to encourage mainstream housing providers to meet the needs of people living with HIV/AIDS through a range of nondevelopment mechanisms.

Emergency Housing Assistance

Emergency housing assistance is one-time or very short-term assistance provided to address an immediate housing crisis—often for people who are homeless or at imminent risk of becoming homeless. The primary goal of emergency assistance is to solve the immediate housing crisis; the assistance is usually one of the following:

- Emergency rent, mortgage, or utility payments to prevent loss of residence
- Hotel/motel vouchers
- Emergency shelter

Assistance to Remain in Your Home: Rent, Mortgage, or Utility Payments

Emergency housing assistance can be structured to specifically help households facing a crisis that could result in displacement from their housing. This assistance may take the form of a rent or mortgage payment or utility assistance, and may also include emergency repairs, weatherization, and other assistance that would forestall eviction, foreclosure, or uninhabitability of the residence. It is designed to address one-time crises, not ongoing needs. AIDS service organizations can administer this type of emergency assistance program directly or can contract with mainstream providers of similar services. Assistance with rent or mortgage payments can also be provided on a transitional or permanent basis, both of which are described under "Tenant-Based Transitional Assistance" and "Tenant-Based Rental Assistance" on the following pages.

When rent, mortgage, or utility payments work best: This type of assistance is most effective in communities where it is more likely that the financial crises faced by people living with HIV/AIDS can be overcome with short-term assistance. It is especially useful where a large percentage of those in housing need are homeowners, as is the case in most rural areas. Since it is much less expensive to keep people in their homes than to find or develop new ones, this can be a cost-effective form of assistance.

Advantages

- Preserving existing housing is much easier than developing new housing options.
- Multiple households can be served with less funding.
- Emergency housing payments are made just once or twice to each household and can be easy to administer.
- Remaining in his or her own home is the preferred choice of many people living with HIV/AIDS.

Disadvantages

- Many people living with HIV/AIDS need ongoing financial assistance, rather than short-term assistance, to remain in their homes.
- Emergency assistance does not result in long-term affordable housing units that will be available to people in need in the future.
- This approach does not address the needs of people who are homeless.

Hotel or Motel Vouchers

Hotel or motel vouchers are a form of emergency assistance given to homeless households that have no other alternative but living on the streets or in a substandard or inappropriate housing situation. Typically, vouchers are coordinated through case managers and provide homeless households with a motel room for a week at a time, with a maximum stay of about a month. Voucher providers negotiate agreements with local hotels or motels, and the hotels or motels bill the providers as rooms are used. Hotels or motels may offer discounted rates to nonprofit organizations.

When hotel or motel vouchers work best: Vouchers may be the only emergency housing option for small, rural communities that do not have enough homeless people to support the development and operation of a shelter. Vouchers may also be the best emergency option for people who are too sick to stay in an emergency shelter or for families who may not be able to stay together in a shelter. Hotel or motel vouchers work best when the local waiting lists for affordable housing are relatively short, and people are likely to have a place to transition to relatively quickly.

Advantages

- Vacant hotel or motel rooms can usually be found immediately.
- This approach does not require the creation of any new housing resources.
- Hotel or motel vouchers can be simpler to administer; the administering agency is not responsible for managing a facility.

Disadvantages

- Hotel or motel vouchers can be an expensive way to provide temporary housing.
- Many hotels and motels will not agree to participate in voucher programs.
- Most hotels and motels do not offer cooking facilities, or refrigeration for medications.
- Individual members of families do not have privacy in hotel or motel rooms.
- Many hotels and motels used for this purpose are located in neighborhoods with drug trafficking and other criminal activities.
- Hotel or motel vouchers are not a long-term housing solution.

Emergency Shelter

Emergency shelter is basic, temporary, overnight sleeping accommodation. Stays at emergency shelters are often limited to less than 30 days. Emergency shelter can take any form; beds in dormitory-style rooms or mattresses on the floor of space that has a different daytime use (for example, church assembly room, public office building) are common examples. Some shelters offer private rooms for families, and many also provide a meal program. Typical shelter providers include community action agencies, the Salvation Army, and other faith-based service agencies.

When emergency shelters work best: Emergency shelters are best suited for population centers with a significant homeless population and numerous affordable transitional and permanent housing options. If a community has a significant homeless population and no emergency shelters, AIDS service organizations should work with other homeless service providers to assess whether local need would justify the development of a shelter. In communities with emergency shelters, an HIV/AIDS training program for shelter staff can help the existing resources to address the needs of people living with HIV/AIDS more effectively.

Advantages

- Emergency shelters offer an immediate response to housing crises.
- Many communities already have existing emergency shelters.
- Shelters are often cost-effective to operate.
- Shelters are often the first point of contact with services for the newly homeless.

Disadvantages

- The large numbers of people served, combined with conditions that may be unsanitary, encourage the spread of infectious diseases in shelters.
- Emergency shelters often require people to go elsewhere during the day, which can be a hardship for people living with HIV/AIDS.
- The shared living situation of most emergency shelters offers little confidentiality for people living with HIV/AIDS.
- Emergency shelters typically do not have accessible refrigerated storage for prescription medications or offer private bathroom facilities for managing health care needs.
- Mainstream shelter providers may lack sensitivity to issues faced by people living with HIV/AIDS.
- Few shelters are designed to accommodate families.
- Emergency shelter is not a permanent solution to housing problems.

Transitional Housing Assistance

Transitional housing assistance is of limited duration—usually from 30 days to 2 years—and is intended to help people transition from a housing crisis into a permanent, stable housing situation. Its goal is to provide temporary housing and services to help households develop the skills and locate the ongoing resources they need to succeed in permanent housing. Additionally, people with no or poor rental history can build a positive rental history while in transitional housing, increasing their access to permanent housing. Transitional housing assistance is effective where consumers are likely to either become self-sufficient or transition to another permanent housing resource by the time it ends. Transitional housing assistance most often includes:

- Assistance with move-in and occupancy needs
- Tenant-based transitional housing
- Supportive transitional housing project

Assistance with Move-In and Occupancy Needs

Move-in/occupancy needs assistance encompasses anything that assists households in overcoming the one-time challenges of establishing a new residence. Typical assistance includes providing moving expenses, rent deposit, move-in kit (linens, cookware, dishes, flatware, cleaning supplies), furniture, appliances, utility hook-up fees, and basic life skills training. Move-in/occupancy needs assistance can be either in-kind assistance or cash payments.

When move-in and occupancy needs assistance works best: In communities in which homeless people are transitioning into permanent housing, a program to provide move-in and occupancy needs assistance is essential. Since all homeless people have similar move-in and occupancy needs, centralized assistance programs that are coordinated with other homeless service providers generally work the best.

Advantages

- Move-in assistance can be relatively inexpensive.
- These programs are easy to administer.
- Move-in and occupancy needs assistance can be donated or provided by volunteers.
- Local businesses may be willing to donate to these programs.

Disadvantages

- Many people living with HIV/AIDS need more than just move-in and start-up assistance.
- Where rent deposits are provided, they are often retained by landlords as cleaning fees or kept by departing tenants.

Tenant-Based Transitional Housing Assistance

Some communities offer tenant-based rental assistance programs on a transitional basis. These function much like the programs described under "Assistance to remain in your home" above, but offer housing assistance for a longer period of time than just one or two payments. These programs are often developed under the guidelines of the Housing Opportunities for Persons with AIDS (HOPWA) program for short-term, 21-week assistance, but may also provide housing assistance for as long as 2 years.

When tenant-based transitional housing assistance works best: These programs work best in communities where consumers will be able to transition to permanent housing assistance within the established time limit.

Advantages

- Tenants have more choices of housing location.
- Tenants can use this type of assistance in existing housing units; new units do not need to be developed.
- This type of assistance can prevent a person from becoming homeless while waiting to access permanent assistance.
- Tenant-based programs can be implemented relatively quickly.
- Tenant-based transitional housing assistance program operation is comparatively less complex than developing and operating a facility-based program.

Disadvantages

- Tenant-based programs do not create new long-term housing resources. The community has this resource only as long as funding continues to be available (unlike developing new permanent housing units).
- This type of program may not be appropriate for people who need more support services in order to remain housed successfully.
- Some landlords are unwilling to rent to people with housing assistance vouchers.
- Some communities do not have enough good-quality rental units available at Fair Market Rent levels.

Supportive Transitional Housing

Supportive transitional housing is temporary housing combined with support services designed to assist homeless families and individuals to overcome the problems that led to their homelessness and return to living in permanent, independent housing. The services provided through a transitional program may address substance use, mental health, life skills training, education, and family support, and may help establish relationships between consumers and service providers. Supportive transitional programs can also help people who have been incarcerated to reintegrate into the community.

Transitional housing is typically provided in a centralized facility, but it may also be provided in scattered sites. Since the transitional needs of homeless people living with HIV/AIDS are similar to those of other homeless people, HIV/AIDS service organizations can collaborate with mainstream transitional housing providers. See "Master Leasing" for information about another method for providing transitional housing.

When supportive transitional housing works best: Supportive transitional housing is most helpful in communities that have a significant homeless population, and is successful only when all of the necessary support services are funded and in place. Since transitional housing is intended to move people into successful permanent housing placements, it works best in communities that have a sufficient supply of affordable permanent housing to accommodate those moving out of the transitional program. Smaller, rural communities should focus on providing permanent housing opportunities before developing transitional housing.

Advantages

- People leaving good transitional programs are much more likely to maintain stability in permanent housing.
- Transitional models often require program participation and compliance as conditions of residency, which gives service providers leverage to ensure that tenants benefit from the services in the program.

Disadvantages

- The support services necessary for a good transitional program are expensive to provide.
- Transitional programs are not successful in areas that lack adequate affordable permanent housing options; people leaving transitional housing must be able to find permanent housing at the end of the transitional period.

Permanent Housing Assistance

The goal of permanent housing assistance is to create safe, stable, and decent housing opportunities. Permanent housing assistance includes any of the following:

- Support services designed to help people live independently, provided on an ongoing basis
- Tenant-based rental assistance
- Shallow rent subsidy (another form of tenant-based rental assistance)
- Provision of actual housing units through sponsor- or project-based assistance, including through:
  - Lease buy-downs
  - Set-asides in larger housing projects
  - Scattered-site condominium acquisition
  - Group homes/shared housing
  - Independent apartment development projects

Support Services

In some circumstances, an array of support services may be all that is necessary to stabilize people living with HIV/AIDS in permanent housing. Support services are most often offered as a complement to a housing situation; without ongoing support services, many people living with HIV/AIDS risk losing their housing. Services can include case management, home care, counseling, nutrition and meal services, crisis intervention, legal assistance, transportation, day health programs, mental health services, and substance use treatment services, and may be provided by an AIDS service network or through other service providers.

When support services work best: A range of support services is needed in every community, regardless of the adequacy of housing options. Support services should be an integral part of every housing solution. Where the local supply of affordable housing is adequate to meet the demand, ongoing support services may be all that is necessary to ensure stable, successful housing. The local AIDS service organization should have the capacity to serve people in their homes and should develop good referral arrangements with other service providers.

Advantages

- Support service provision can help tenants remain in their existing home.
- Neither capital funding nor a time-consuming development process is necessary.
- Existing providers in the community can partner and contribute their skills and knowledge.
- Local volunteer teams can provide many HIV/AIDS services.

Disadvantages

- People with extremely low incomes often require financial assistance in addition to support services in order to find and keep housing.
- Providing support services to people in widely scattered locations can be expensive.
- Securing funding for ongoing services is a challenge.

Tenant-Based Rental Assistance

Tenant-based rental assistance (TBRA) is ongoing assistance paid to a tenant (or his or her landlord) to cover the difference between market rents and what the tenant can afford to pay. Tenants find their own units and may continue receiving the rental assistance as long as their income remains below the qualifying income standard. Many TBRA programs are federally subsidized, administered by local public housing authorities, and governed by HUD's Section 8 regulations. Some are funded by other sources, such as HOPWA, or operated by AIDS service organizations and nonprofit agencies. Section 8 regulations require all units with Section 8 tenants to meet federal housing quality standards (HQS), and the subsidy levels are set at the difference between HUD's annually established Fair Market Rent for the appropriate unit size and 30 percent of the tenant's household income.

Many communities have established TBRA programs with HOPWA funds, which are often structured similar to Section 8. However, HOPWA, unlike Section 8, allows for local discretion regarding serving undocumented immigrants and people with criminal histories. Shallow rent subsidies are another form of tenant-based rental assistance, and are discussed below.

When TBRA works best: Tenant-based rental assistance programs work best when there is a partnership between an experienced local (or regional) housing authority willing to administer the subsidy, and an AIDS service organization willing to market the subsidies, prescreen tenants, and assist tenants in finding appropriate units. Where this partnership exists, TBRA can be effective in communities of any size. TBRA is best suited for communities with a surplus of units renting at or below Fair Market Rent levels, or renting for a relatively affordable price.

Advantages

- Tenants may choose where they live.
- Tenants pay only 30 percent of their income to rent.
- Tenants can use TBRA in existing housing units.
- TBRA programs can be implemented relatively quickly.
- TBRA programs can be implemented statewide, allowing for coverage of rural areas with few housing assistance providers.
- Some local housing authorities give Section 8 waiting-list preference to people with terminal illnesses or to people who receive HOPWA rental assistance.

- TBRA programs do not require the same level of technical skills as housing development, and can therefore be more accessible to an AIDS service organization.

Disadvantages

- TBRA programs do not create new long-term housing resources. The community has this resource only as long as funding continues to be available (unlike developing new permanent housing units). When the funding runs out, existing tenants lose their subsidy and, potentially, their housing.
- Some landlords are unwilling to rent to people with TBRA vouchers.
- Often, available units that are both within the FMR cost limit and operated by property managers willing to accept TBRA are located in neighborhoods with drug trafficking and other criminal activities.
- Federal subsidies are subject to annual renewal.
- Funding for many other TBRA programs is limited to 3 to 5 years and can be very difficult to renew.
- Some communities do not have an adequate supply of good-quality rental units at Fair Market Rent levels.

Shallow Rent or Mortgage Subsidies

Shallow rent or mortgage subsidies are another way of providing assistance to a tenant. Instead of calculating the consumer contribution and benefit provided based on the tenant's income, however, shallow rent or mortgage subsidies are based on a smaller, fixed amount. For example, a program might provide $100 to $200 per month toward rent or mortgage payments, and the consumer would cover the remainder of monthly housing costs.

When shallow rent subsidies work best: Shallow rent or mortgage subsidies work best where consumers are close to being able to afford housing costs independently, and regularly need a small amount of assistance. Mortgage assistance is particularly helpful in areas where many consumers are homeowners, which is often the case in rural areas. Shallow rent or mortgage subsidies also work best where housing costs are staying fairly level; in an increasing-cost housing market, this kind of program can become ineffective or excessively costly.

Advantages

- Tenants may choose where they live.
- Tenants can often use shallow rent subsidies in order to remain in their current home.
- A larger number of people can be served when a lesser amount of assistance is needed for each.
- Shallow rent subsidy programs can be implemented relatively quickly.
- Shallow rent subsidy programs do not require the same level of technical skills as housing development, and can therefore be more accessible to an AIDS service organization.

Disadvantages

- Shallow rent subsidy programs do not create new long-term housing resources. The community has this resource only as long as funding continues to be available (unlike developing new permanent housing units).
- Shallow rent subsidies are inappropriate for people who need more assistance to remain stably housed.

Set-Asides in Other Housing Projects

Because of the time, energy, complexity, and risk involved in developing affordable housing, AIDS housing organizations should take on new development projects only after careful consideration of other available options. One of the best ways to secure affordable units without development is by negotiating set-asides for people living with HIV/AIDS in projects developed by affordable housing providers. This may be as simple as a referral agreement or may involve the contribution of capital (see lease buy-downs) or the negotiation of a master lease (see master leasing) to help lower rents. In the latter cases, the AIDS housing organization must find additional funding.

In exchange for the investment of public subsidy, affordable housing developers make a commitment to keep the housing affordable for the long term, usually 30 to 50 years. A project-based set-aside involves a housing developer or owner dedicating a specified number of units to serve a special needs population for a defined term, up to the life of the project. The AIDS housing provider and property manager establish terms for the set-aside in a legal agreement.

When housing set-asides work best: Set-asides work best in projects that are developed with rents already affordable to people living with HIV/AIDS. When this is not the case, AIDS housing organizations are most likely to interest mainstream housing developers in set-asides when they can bring a source of debt-free funding into the project that otherwise would not be included (for example, HOPWA). This additional funding allows the housing developer to reduce the amount of repayable financing and lower rents by lowering debt service requirements.

Advantages

- The burden of developing, owning, and managing housing is borne by experienced developers with property management capacity.
- Set-asides can ensure access to affordable housing more quickly than undertaking a new development project.
- If agreements are properly negotiated, set-asides can secure long-term commitments.
- Economies of scale are not required: a set-aside is economically efficient with even a single unit.
- Residents can integrate into the community.
- Setting aside some units for people living with HIV/AIDS may increase the competitiveness of the housing developer's funding applications.

Disadvantages

- Mainstream housing providers may have rules that disqualify the people who need assistance.
- Some areas lack housing providers willing to set aside units for people living with HIV/AIDS, and some providers, particularly housing authorities, have rules that preclude setting aside units for specific populations.
- Set-asides are effective only when the rent on the units is affordable to the people you want to serve.
- The need for affordable rental units in some areas is so great that housing providers may not be willing to enter into special set-aside agreements.
- AIDS housing providers need to make certain that the physical design of the units will meet the needs of their residents, and that property management staff will work well with the people living with HIV/AIDS who are to receive housing assistance.

Lease Buy-Downs

Buying down a lease is a way of securing long-term affordability without the obstacles and worries of housing development and ownership. In a lease buy-down, an AIDS service organization or other housing provider enters into a long-term lease agreement with a property manager, and establishes a rent reserve fund which will pay the difference between the market rent and the amount that residents can pay.

The rent reserve is funded at the outset at a level that will last through the term of the lease. The payment amount is calculated by taking the net present value of the difference between the tenant's rental income stream and the rental income stream required to sustain the unit. The term of the lease, the discount factor used to determine net present value, and the basis for the affordable rents are all matters of negotiation between the AIDS housing organization and the mainstream housing provider. The AIDS housing organization must provide the up-front payment from capital funding sources.

When long-term leases work best: When the existing affordable rents in a community are not affordable for a person living with HIV/AIDS, lease buy-downs may be the solution. Lease buy-downs work best in communities with mainstream housing providers or landlords who are willing to engage in long-term leases. These deals are most common between housing providers and AIDS housing organizations that have good, existing relationships. When a mainstream housing provider offers rents that are already affordable to the targeted population, a set-aside agreement (see set-asides) may be preferable to a long-term lease.

Advantages

- Long-term affordability is assured without ongoing rent subsidy.
- AIDS service organizations do not have to manage the property.
- Economies of scale are not required: leasing even a single unit can be economically efficient.
- Residents can integrate into the community, unlike when living in a facility solely dedicated to people living with HIV/AIDS.

Disadvantages

- Developing contractual agreements can be complicated, time consuming, and expensive.
- Some funders are uncomfortable participating in a project with a long-term lease; many prefer ownership.
- It may be difficult to find property managers willing to enter into a long-term lease.
- Some communities have very few rental housing units available.
- If the rent differential is large, the cost of a lease buy-down may be high.
- Mainstream housing providers may have rules that disqualify the people you wish to assist.
- Different funding sources require different commitment periods (up to 51 years).

Master Leasing

Master leasing can be used to provide either transitional or permanent housing. Using this strategy, the AIDS housing provider leases units—individually, as single-family homes, on a floor, or throughout an entire building—that are then leased at an affordable cost to people living with HIV/AIDS. Master leasing is typically for a shorter term than lease buy-downs (above), but should be for at least 5 years, if possible.

When master leasing works best: Master leasing works best in communities with an active market in residential rental properties in healthy neighborhoods. Support services should also be available that can meet the needs of residents in the leased location(s).

Advantages

- AIDS housing providers can secure units quickly with master leasing.
- Community acceptance issues can often be avoided by pursuing this strategy.
- Residents can integrate into the community.

Disadvantages

- An operating subsidy will likely be necessary for each unit for the term of the lease.
- Available, affordable properties are often in neighborhoods with drug trafficking and criminal activities.
- If it is necessary to displace residents in a building to be leased, relocation can be complicated and expensive.
- The condition of a leased building needs to be assessed carefully, and staff may be needed to handle interior maintenance issues.
- The lack of a centralized support-service space can be problematic.
- Staff need to cultivate and maintain relationships with the landlord.

Scattered-Site Acquisition

Acquiring scattered-site condominiums or single-family homes is a way for AIDS housing organizations to enjoy some of the benefits of ownership, with reduced management responsibilities. In this scenario, AIDS housing organizations raise capital funding to purchase condominiums or single-family homes in their community and lease the units to people living with HIV/AIDS.

When scattered-site acquisition works best: Scattered-site acquisition works best in communities that have an active market in affordable condominiums or single family homes, and where support service networks can deliver a range of services to widely dispersed populations.

Advantages

- Acquisition provides quick access to units, when compared to development.
- Scattered condominium sites can effectively meet scattered demand.
- In some communities, acquiring new condominiums is less expensive than building new apartment buildings with public money.
- A small number of units can be developed efficiently.
- The property management functions of the AIDS housing provider are minimized.
- Residents are integrated into the community.

Disadvantages

- Condominium homeowner associations may exercise control over leases, tenants, and the number of renters allowed in a development, and the AIDS housing provider needs to have staff that can manage relations with a homeowner association.
- Although homeowner associations cover general maintenance for the exterior of the property, the AIDS housing provider will need to handle complicated property management responsibilities, including tenant screening, rent collection, general maintenance of the unit, and unit turnover, across scattered sites.
- Many smaller communities do not have any condominium developments.
- Condominiums have monthly maintenance fees as well as special or emergency assessments over time, and these need to be planned for.
- Acquired housing may require ongoing operating subsidy to keep rents affordable.
- Condominiums offer less control than more traditional ownership.
- Some public lenders are wary of condominium acquisition.

Group Homes or Other Shared Housing Arrangements

Group living assistance can include anything from a group home owned by an AIDS housing organization to a housemate referral service. Many of the early HIV/AIDS housing projects were shared single-family houses, but high vacancy rates in such facilities in recent years due to medical advances in treating HIV have shifted the focus of new developments to independent units. A group home or other shared housing can either be purchased or leased by the AIDS housing organization.

In many areas, small group homes can be developed in single-family zones, which are more prevalent than multifamily zones. However, each community has its own land use laws that restrict the number of unrelated adults that may live together, and it is important to comply with local regulations. Group homes also require ongoing maintenance and attention to being a good neighbor in order to be successful.

When group homes work best: Group living situations are best in those communities where consumer preference surveys indicate sufficient demand for this type of accommodation. While group homes may be less expensive to operate when full than independent living units, empty beds can make them more expensive. Similarly, the costs of providing accompanying support services to people in need of mental health and/or substance use treatment services can exceed the cost savings of group housing.

Advantages

- Group homes can be less expensive to develop and operate than independent apartments.
- Community living provides supports to people living with HIV/AIDS.
- Group homes offer churches or civic organizations the opportunity to participate in HIV/AIDS housing by sponsoring individual rooms in a house.

Disadvantages

- Consumer surveys of people living with HIV/AIDS often indicate a preference for independent units over shared accommodations.
- If local demand for shared housing drops, it is very difficult to convert part of a shared house to a new use.
- Personality conflicts between housemates can be difficult to manage, especially when the residents have mental health and/or substance use issues.

- Some people are reluctant to live in an HIV/AIDS-only housing project.
- Confidentiality can be hard to maintain in a group living situation.
- Proper nutrition may not be maintained if the sponsor does not take some responsibility for assuring meal provision.

Independent Apartment Development Projects

Independent apartment projects can be developed by HIV/AIDS housing organizations specifically to meet the permanent housing needs of people living with HIV/AIDS, or to serve a mixed population that includes people living with HIV/AIDS. AIDS housing organizations can function as the developer, owner, manager, and service provider for the units, or they may contract out those functions to other, experienced organizations. The tasks involved in project development include researching the need, developing a program, acquiring a site, assembling an architectural and engineering team, raising capital financing, hiring a contractor, overseeing construction, renting-up the units, and beginning operations. A development project typically lasts 2 to 4 years, and the complexity of the project is usually determined by the size of the development and the mix of financing.

When independent apartment projects work best: Independent apartment projects work best in communities with a sufficiently large demand for HIV/AIDS housing units. AIDS housing organizations in communities with few people living with HIV/AIDS should consider master leasing, a lease buy-down, set-aside units, or scattered-site condominiums. Inexperienced housing developers should partner with experienced developers before undertaking a new development project because of the many skills and technical knowledge required.

Advantages

- Housing units can be developed to address specific needs.
- People with HIV/AIDS usually prefer independent apartment units to shared accommodations.
- Large development projects can increase an organization's capacity to raise private donations and grants.
- Project development creates long-term housing resources.
- Projects offer opportunities for AIDS service organizations to work with organizations that address other community service needs.
- This model offers the owner the most control.

Disadvantages

- Developing an independent apartment project is very expensive, complex, and time-consuming.
- Multifamily-zoned land can be hard to find in some areas.
- An AIDS housing project can attract community opposition.
- The number of units required to operate a building efficiently may be larger than the local demand for AIDS housing.
- Development projects may require ongoing operating subsidy to keep rents affordable for people with extremely low incomes.
- Some people are reluctant to live in an AIDS-only housing project.
- Development requires a long-term commitment to housing operation.

Specialized Care Facilities

Specialized care facilities include short- and long-term housing combined with services designed to assist people whose medical or behavioral health make independent living impossible. Specialized care facilities range from assisted living to skilled nursing to hospice care. Each of these facilities targets only a portion of people living with HIV/AIDS in a community, those with very specific medical or support service needs. All of these facilities can be either limited to those with HIV/AIDS or open to all whose support needs are similar. Although mainstream specialized care providers may not initially be equipped to serve those living with HIV/AIDS, spending time and money to adapt these mainstream resources is usually the fastest and most efficient way to address the specialized care needs of people living with HIV/AIDS as opposed to creating new facilities.

When specialized care facilities work best: Specialized care facilities work best in communities where there is a large concentration of people living with HIV/AIDS who require higher-end care. Because specialized care requires complex technical skills in both the provision of care and business management, and because it is highly regulated, specialized care facilities work best when an experienced specialized care provider is a partner.

Advantages

- Specialized care facilities can provide a high level of care for people whose medical or behavioral health does not allow them to live independently.

Disadvantages

- The need for skilled staffing makes specialized care facilities very expensive to operate.
- People who are living longer typically do not want to live in a group living situation if it can be avoided.
- Maintaining a specialized care facility for people living with HIV/AIDS is only possible in areas with a large concentration of people living with HIV/AIDS.

Appendix 6: Glossary of HIV/AIDS- and Housing-Related Terms

This glossary includes terms used in the plan and terms related to HIV/AIDS and housing.

AFFORDABLE HOUSING Housing is generally defined by the U.S. Department of Housing and Urban Development as affordable when the occupant is paying no more than 30 percent of their adjusted gross income for housing costs, including utilities. Affordable housing may refer to subsidized or unsubsidized units.

AIDS Acquired Immunodeficiency Syndrome. A person with HIV infection is diagnosed with AIDS when either a) they develop an opportunistic infection defined by the Centers for Disease Control and Prevention as an AIDS indication, or b) on the basis of certain blood tests related to the immune system.

ASSISTED LIVING Group residences that offer the delivery of professionally managed personal and health care services, including meals, 24-hour attendant care, social activities, assistance with bathing, dressing and transferring, dispensing medication, and health monitoring. Assisted living is intended for those who need some assistance in performing the activities of daily living but who do not need the high level of medical supervision provided by a skilled nursing facility. Assisted living facilities may be HIV/AIDS-specific, or they may serve people with many needs.

ASYMPTOMATIC HIV INFECTION Without symptoms. Usually used in the HIV/AIDS literature to describe a person who has a positive reaction to one of several tests for HIV antibodies but who shows no clinical symptoms of the disease.

AT RISK OF BECOMING HOMELESS Being on the brink of becoming homeless due to one or more of the following: having inadequate income or paying too high a percentage of income on rent (typically 50 percent or more), living in housing that does not meet federal housing quality standards, or living in housing that is seriously overcrowded. Also see Homeless Person.

BEDS The unit of measure when describing the overnight sleeping capacity or availability for shelters, skilled nursing facilities, hospices, board and care, adult family living, assisted living, and other such facilities.

CDC The Centers for Disease Control and Prevention, the lead federal agency for protecting health and safety. CDC serves as a national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities.

CASE MANAGEMENT The central component of HIV/AIDS care is case management. Case managers coordinate all the care a client receives from all providers in the community. Typically, case management services are provided by agencies separate from the housing providers. When a case management client resides in a residence, however, the residential staff members have the most frequent contact with the resident and often are responsible for the care coordination. Case management is also provided through other social service systems.

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG) A federal grant program, administered by the U.S. Department of Housing and Urban Development, authorized under Title I of the Housing and Community Development Act of 1974 and administered by state and local governments. CDBG funds may be used in various ways to support community development, including acquisition, construction, rehabilitation, and/or operation of public facilities and housing.

CONSOLIDATED PLAN A document written by a state or local government and submitted annually to the U.S. Department of Housing and Urban Development that serves as the planning document of the jurisdiction and an application for funding under any of the community planning development formula grant programs (Community Development Block Grant, Emergency Shelter Grant, HOME Investment Partnerships Program, and Housing Opportunities for Persons with AIDS). The document describes the housing needs of the low- and moderate-income residents of a jurisdiction, outlining strategies to meet the needs and listing all resources available to implement the strategies.

CONTINUUM OF CARE An approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons. The approach is based on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs—physical, economic, and social. Designed to encourage localities to develop a coordinated and comprehensive long-term approach to homelessness, the Continuum of Care consolidates the planning, application, and reporting documents for the U.S. Department of Housing and Urban Development's Shelter Plus Care, Section 8 Moderate Rehabilitation Single-Room Occupancy Dwellings (SRO) Program, and Supportive Housing Program.

DEVELOPMENTAL DISABILITY Referring to a variety of disabilities which impact cognitive functioning and learning style. Sometimes referred to as mental retardation.

DISCRIMINATION Treating a person differently because they belong to, or are perceived to belong to, an identifiable group. Often discrimination is due to a person's being from a different race, country, or religion, or because they're female, have a family, are older, disabled, or are gay or lesbian.

DUALLY DIAGNOSED See Multiply Diagnosed.

EMA OR EMSA Eligible metropolitan (statistical) area. Geographic area based on population and cumulative AIDS cases, to receive federal funds through the Ryan White CARE Act and Housing Opportunities for Persons with AIDS (HOPWA) Program.

EMERGENCY HOUSING ASSISTANCE Emergency housing assistance is one-time or very short-term assistance provided to address an immediate housing crisis—often for people who are homeless or at imminent risk of becoming homeless. The primary goal of emergency assistance is to solve the immediate housing crisis. The assistance is usually one of the following: emergency rent, mortgage or utility payments to prevent loss of residence, motel vouchers, and/or emergency shelter.

EMERGENCY SHELTER Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of homeless persons.

EMERGENCY SHELTER GRANTS (ESG) A federal program administered by the U.S. Department of Housing and Urban Development that provides funds to local governments to help provide additional emergency shelters or improve the quality of existing emergency shelters and to help meet operating costs of essential social services to homeless individuals. Funds are provided to grantees through both a formula-based process for eligible metropolitan areas and urban counties and through a national competition for non-formula-eligible counties.

EXTREMELY LOW-INCOME An individual or family whose income is between 0 and 30 percent of the median income for the area, as determined by the U.S. Department of Housing and Urban Development.

FAIR HOUSING ACT The Federal Fair Housing Act prohibits, among other things, the owners of rental housing from discriminating against potential tenants based on race, sex, national origin, disability, or family size.

FAIR MARKET RENT (FMR) Rents set by the U.S. Department of Housing and Urban Development (HUD) for a state, county, or urban area that define maximum allowable rents for HUD-funded subsidy programs. HUD calculates FMR to be at the 40th percentile of recent moves, excluding apartments built within the past two years, meaning that 40 percent of recent movers paid less, and 60 percent paid more.

FAMILY For purposes of the plan and local policy interpretation, and in keeping with HOPWA regulations, the term "family" encompasses nontraditional households, including families made up of unmarried domestic partners. A family is a self-defined group of people who may live together on a regular basis and who have a close, long-term, committed relationship and share responsibility for the common necessities of life. Family members may include adult partners, dependent elders, or children, as well as people related by blood or marriage.

FEDERAL EMERGENCY MANAGEMENT ADMINISTRATION (FEMA) An independent agency reporting to the President and tasked with responding to, planning for, recovering from, and mitigating disaster. FEMA administers the Emergency Food and Shelter Program as mandated by Title III of the McKinney-Vento Act. Also see McKinney-Vento Act.

GROUP HOUSING/SHARED LIVING Two or more single adults, or families with children, sharing living arrangements in a house or an apartment. Generally, individuals each have a bedroom and share a kitchen, bath, and housekeeping responsibilities. The group facility may provide a limited range of services and be licensed or unlicensed.

HAART Highly Active Anti-Retroviral Therapy. The preferred term for potent anti-HIV treatment. This means a combination of drugs (usually three or more) to combat HIV. Usually more than one class of drug is included in a HAART regimen. Includes protease inhibitors, and is often referred to as combination therapy or the "cocktail."

HARM REDUCTION A set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies for safer use, from managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

HIV Human Immunodeficiency Virus. The virus that causes AIDS. HIV disease is characterized by a gradual deterioration of immune functions. During the course of infection, crucial immune cells, called CD4+ T cells, are disabled and killed, and their numbers progressively decline. People infected with HIV may or may not feel or look sick.

HOME HOME Investment Partnerships Program. A program administered by the U.S. Department of Housing and Urban Development providing grants for low-income housing through rental assistance, housing rehabilitation, and new construction.

HOMELESS PERSON According to the U.S. Department of Housing and Urban Development, a homeless person is an individual or family who 1) lacks a fixed, regular, and adequate night-time residence, or 2) has a primary night-time residence that is a) a publicly supervised or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); b) an institution that provides a temporary residence for individuals intended to be institutionalized; c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Individuals paying more than 50 percent of their income for housing are also considered at such high risk for homelessness that they are included in the definition of homeless for some federal programs. The term "homeless individual" does not include any individuals imprisoned or otherwise detained under an act of federal or state law.

HOPE VI HOPE VI, or the Urban Revitalization Program, a program administered by the U.S. Department of Housing and Urban Development, funds rehabilitation and/or replacement of distressed public housing units and support services. Through the end of FY 2001 the program has awarded $4.8 billion to 146 communities in 37 states since 1993.

HOPWA Housing Opportunities for Persons with AIDS. A U.S. Department of Housing and Urban Development program which pays for housing and support services for people living with HIV/AIDS and their families. Created by an Act of Congress in 1990.

HOSPICE A support and care provided to people in the last phases of a terminal illness so that they may live as fully and comfortably as possible. Hospice focuses on alleviating pain and discomfort, improving the quality of life, and preparing individuals mentally and spiritually for their eventual death.

HOUSING COST BURDEN The extent to which gross housing costs, including utility costs, exceed 30 percent of gross income, based on data published by the U.S. Census Bureau.

HOUSING COST BURDEN, SEVERE The extent to which gross housing costs, including utility costs, exceed 50 percent of gross income, based on data published by the U.S. Census Bureau.

HOUSING UNIT An occupied or vacant house, apartment, or a single room (SRO housing) that is intended as separate living quarters.

HOUSING QUALITY STANDARDS (HQS) Standards set by the U.S. Department of Housing and Urban Development (HUD) to ensure that all housing receiving HUD financial assistance meets a certain level of quality. HQS requires that recipients of HUD funding provide safe and sanitary housing that is in compliance with state and local housing codes, licensing requirements, and any other jurisdiction-specific housing requirements.

HRSA Health Resources and Services Administration. HRSA is an agency of the U.S. Department of Health and Human Services that works toward providing health care to low-income, uninsured, isolated, vulnerable, and special needs populations through a number of programs including: Ryan White CARE Act, Rural Health Initiative, and other community-based health initiatives.

HUD U.S. Department of Housing and Urban Development. HUD is a cabinet-level agency designed to advocate for the housing needs of people with low incomes through programs for public housing, special needs housing, and first time homebuyers.

INFORMATION AND REFERRAL Assistance to individuals who are having a difficult time finding and/or securing housing.

LOW-INCOME FAMILY Family whose income does not exceed 80 percent of the median income for the area, as determined by the U.S. Department of Housing and Urban Development (HUD), with adjustments for smaller and larger families. HUD may establish income ceilings lower than 80 percent of the median for the area on the basis of findings that such variations are necessary because of prevailing levels of construction costs or Fair Market Rents, or unusually high or low family incomes.

LOW INCOME HOUSING TAX CREDIT PROGRAM Formula allotment of federal income tax credits administered by states and distributed to nonprofit and for-profit developers of and investors in low-income rental housing. Since its creation in 1986 by the Tax Reform Act, more than a million units have been funded nationwide, utilizing the equivalent of more than $3 billion dollars in funding annually.

MASTER LEASING A housing strategy in which a sponsor agency leases housing units from private or nonprofit housing landlords and subleases the units to individuals and families that meet the sponsor agency's eligibility criteria. This housing option is used mainly as transitional housing. In a transitional housing master leasing scenario, subleases with individuals and families can include stipulations for duration of tenancy and responsibilities of tenancy, such as a requirement to participate in support services.

MCKINNEY-VENTO ACT The primary federal response targeted to assisting homeless individuals and families. The scope of the Act includes: outreach, emergency food and shelter, transitional and permanent housing, primary health care services, mental health, alcohol and drug abuse treatment, education, job training, and child care. There are nine titles under the McKinney-Vento Act that are administered by several different federal agencies, including the U.S. Department of Housing and Urban Development (HUD). McKinney-Vento Act Programs administered by HUD include: Emergency Shelter Grant Program, Supportive Housing Program, Section 8 Moderate Rehabilitation for Single-Room Occupancy Dwellings, Supplemental Assistance to Facilities to Assist the Homeless, and Single Family Property Disposition Initiative. Also see: Emergency Shelter Grants, Federal Emergency Management Administration, Shelter Plus Care, Section 8 Moderate Rehabilitation for Single-Room Occupancy Dwellings, and Supportive Housing Program.

MEDIAN FAMILY INCOME (MFI) The amount, as determined by HUD, which divides an area's income distribution into two equal groups, one having incomes above this amount, one having incomes below. MFI is based on the most recent U.S. Census family income data and is adjusted annually for inflation. HUD and the U.S. Census Bureau consider a family to be a household comprised of related individuals. For example: A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

MEDICAID A program jointly funded by the states and the federal government that provides medical insurance for people who are unable to afford medical care. The program focuses mainly on the needs of the elderly, people with disabilities, and children.

MEDICARE A federal program under the Social Security Administration that provides health insurance to the elderly and disabled.

MENTAL ILLNESS A serious and persistent mental or emotional impairment that significantly limits a person's ability to live independently.

MODERATE INCOME FAMILY Family whose income is between 81 percent and 95 percent of the median income for the area, as determined by the U.S. Department of Housing and Urban Development (HUD), with adjustments for smaller and larger families. HUD may establish income ceilings lower than 80 percent of the median for the area on the basis of findings that such variations are necessary because of prevailing levels of construction costs or Fair Market Rents, or unusually high or low family incomes.

MULTIPLY DIAGNOSED To be diagnosed with HIV/AIDS and also have histories of other disabilities. This term generally refers to people who are HIV-positive and have chronic alcohol and/or other drug use problems and/or a serious mental illness. The terms "dually diagnosed" and "triply diagnosed" are also used.

OPERATING COSTS (in relation to housing) Distinct from capital costs and support services costs. Operating costs include property taxes, insurance, maintenance, and repair.

PERMANENT HOUSING Housing which is intended to be the tenant's home for as long as they choose. In the supportive housing model, services are available to the tenant, but accepting services cannot be required of tenants or in any way impact their tenancy. Tenants of permanent housing sign legal lease documents.

PERSON WITH A DISABILITY HUD's Section 8 program defines a "person with a disability" as: a person who is determined to: 1) have a physical, mental, or emotional impairment that is expected to be of continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that the ability could be improved by more suitable housing conditions; or 2) have a developmental disability, as defined in the Developmental Disabilities Assistance and Bill of Rights Act.

PROJECT-BASED RENTAL ASSISTANCE Rental assistance that is tied to a specific unit of housing, not a specific tenant. Tenants receiving project-based rental assistance give up the right to that assistance upon moving from the unit. Also see Rental Assistance, Shallow Rent Subsidy, and Tenant-based Rental Assistance.

PROTEASE INHIBITORS A group of anti-retroviral medications for people living with HIV/AIDS. Protease inhibitors act by preventing the replication of HIV in the body and are often prescribed in combination with other HIV medications. Also see HAART.

RENTAL ASSISTANCE Cash subsidy for housing costs provided as either project-based rental assistance or tenant-based rental assistance. HOPWA short-term rental assistance is available for up to 21 weeks. HOPWA long-term rental assistance is provided for longer than 21 weeks. Due to HOPWA regulations, rental assistance cannot be guaranteed for longer than three years. Ryan White funds can be used for short-term, transitional, or emergency housing defined as necessary to gain or maintain access to medical care. Also see Project-based Rental Assistance, Tenant-based Rental Assistance, and Shallow Rent Subsidy.

RYAN WHITE CARE ACT Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. A program of the Health Resources and Services Administration (HRSA) providing funds for health care and support services for people living with AIDS. Created by an Act of Congress in 1990. Also see HRSA.

SCATTERED-SITE HOUSING Individual units scattered throughout an area, such as condominiums and single family homes in different complexes or neighborhoods, creating dispersed and integrated housing options.

SECTION 8/HOUSING CHOICE VOUCHER PROGRAM A federal program operated by local housing authorities providing rental assistance to low-income persons and administered by the U.S. Department of Housing and Urban Development. Under the Section 8 Housing Voucher program, the local housing authority determines a standard amount of rental assistance an individual or family will receive. The tenant would pay the difference between the amount of assistance and the actual rent, which may require the tenant to spend more than 30 percent of their income on rent. The Section 8 voucher program is a tenant-based program, meaning the subsidy is specific to the tenant as opposed to the unit.

SECTION 8 HOUSING OPPORTUNITIES FOR PERSONS WITH DISABILITIES (MAINSTREAM PROGRAM) The Mainstream Program, created in 1997 and administered by the U.S. Department of Housing and Urban Development, utilizes up to 25 percent of the funds originally earmarked for Section 811 to a separate tenant-based rental assistance program for persons with disabilities. Also see Section 811.

SECTION 8 MODERATE REHABILITATION FOR SINGLE-ROOM OCCUPANCY DWELLINGS This program provides Section 8 rental assistance for moderate rehabilitation of buildings with SRO units (single-room occupancy dwellings). The program, administered by the U.S. Department of Housing and Urban Development, is designed for the use of an individual person. Units often do not contain food preparation or sanitary facilities. A public housing authority makes Section 8 rental assistance payments to the landlords for the homeless people who rent the rehabilitated units.

SECTION 811 Provides grants to nonprofit organizations for acquisitions, new construction, and/or rehabilitation of rental housing with support services for very low-income persons with disabilities. The program is administered by the U.S. Department of Housing and Urban Development and includes a capital advance and project-based rental assistance payments.

SHALLOW RENT SUBSIDY Short-term or ongoing cash subsidy for housing costs provided as either project-based rental assistance or tenant-based rental assistance. Typically, shallow subsidies are for a set amount and are not related to the percentage of income paid to rent. Also see Project-based Rental Assistance, Rental Assistance, and Tenant-based Rental Assistance.

SHELTER PLUS CARE A national grant program administered by the U.S. Department of Housing and Urban Development providing rental assistance, linked with support services, to homeless individuals who have disabilities (primarily serious mental illness, chronic substance abuse, and disabilities resulting from HIV/AIDS) and their families.

SKILLED NURSING FACILITY A nursing home or facility providing 24-hour care from nurses and aides.

SRO Single-Room Occupancy. Refers to studio apartments which provide very limited cooking facilities and typically have shared bathrooms. They are often in rehabilitated hotels, and can be used for emergency, transitional, or permanent housing.

SOCIAL SECURITY DISABILITY INSURANCE (SSDI) A federal government benefit for individuals who are medically disabled and have worked for enough years to be covered under Social Security.

SPECIAL NEEDS HOUSING Housing for people who require specific accommodations and/or support to access and maintain housing. Special needs housing may target the elderly; the disabled, including people living with HIV/AIDS; and those with histories of homelessness, mental illness, and substance use issues.

SUBSIDIZED RENTAL HOUSING Assisted housing that receives or has received project-based governmental assistance and is rented to low- or moderate-income households. Subsidized rental housing does not include owner-occupied units, nor does it include Section 8 certificate/voucher holders in market-rate housing.

SUBSTANCE USE ISSUES The problems resulting from a pattern of using substances such as alcohol and drugs. Problems can include: a failure to fulfill major responsibilities and/or using substances in spite of physical, legal, social, and interpersonal problems and risks.

SUPPLEMENTAL SECURITY INCOME (SSI) SSI is a federal government benefit for individuals who are 65 or older, or blind, or have a disability and earn a low income.

SUPPORTIVE HOUSING Housing, including housing units and group quarters, which include on- and off-site support services.

SUPPORTIVE HOUSING PROGRAM (SHP) Provides grants to develop housing and related support services for people moving from homelessness to independent living. Program funds help homeless people live in a stable place, increase their skills or income, and gain more control over the decisions that affect their lives. Funding may be used for capital costs, facility operations, and support services.

SUPPORT SERVICES Services provided to individuals to assist them to achieve and/or maintain stability, health, and improved quality of life. Some examples are case management, medical or psychological counseling and supervision, child care, transportation, and job training.

SYMPTOMATIC HIV INFECTION Any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the patient. When referring to a person who is HIV-positive, this indicates a person who is sick and/or shows medical symptoms of the disease, but does not have an AIDS diagnosis.

TANF Temporary Assistance for Needy Families, a program administered by the U.S. Department of Health and Human Services. TANF, which replaced and is sometimes referred to as welfare, provides assistance and work opportunities to families with low incomes by granting states the federal funds and guidelines to administer their own welfare programs.

TENANT-BASED RENTAL ASSISTANCE A form of rental assistance in which the assisted tenant may move to a different housing unit while maintaining their assistance. The assistance is provided for the tenant, not a specific housing unit. Also see Project-based Rental Assistance, Rental Assistance, and Shallow Rent Subsidy.

TRANSGENDER Individuals whose sense of gender identity does not match their physiological sex, including those who have changed or are in the process of changing their sex from male to female or female to male.

TRANSITIONAL HOUSING A project that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months, or a longer period approved by the U.S. Department of Housing and Urban Development (HUD). For purposes of the HOME program, there is not a HUD-approved time period for moving to independent living.

VERY LOW-INCOME FAMILY Family whose income does not exceed 50 percent of the median income for the area, as determined by the U.S. Department of Housing and Urban Development (HUD), with adjustments for smaller and larger families. HUD may establish income ceilings higher or lower than 50 percent of the median for the area on the basis of findings that such variations are necessary because of prevailing levels of construction costs or Fair Market Rents, or unusually high or low family incomes.